



**DEPARTMENT OF HEALTH AND MENTAL
HYGIENE**

REQUEST FOR PROPOSALS (RFP)

SOLICITATION NO. 16-14341

Issue Date: February 13, 2015

**DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
Quality of Life Survey**

NOTICE

A Prospective Offeror that has received this document from the Department of Health and Mental Hygiene's website or <https://emaryland.buyspeed.com/bsol/>, or that has received this document from a source other than the Procurement Officer, and that wishes to assure receipt of any changes or additional materials related to this RFP, should immediately contact the Procurement Officer and provide the Prospective Offeror's name and mailing address so that addenda to the RFP or other communications can be sent to the Prospective Offeror.

Minority Business Enterprises Are Encouraged to Respond to this Solicitation

**STATE OF MARYLAND
NOTICE TO VENDORS**

In order to help us improve the quality of State solicitations, and to make our procurement process more responsive and business friendly, we ask that you take a few minutes and provide comments and suggestions regarding this solicitation. Please return your comments with your response. If you have chosen not to respond to this Contract, please email or fax this completed form to the attention of the Procurement Officer (see Key Information Sheet below for contact information).

Title: Quality of Life Survey

Solicitation No: DHMH OPASS –16-14341

1. If you have chosen not to respond to this solicitation, please indicate the reason(s) below:

- ☐ Other commitments preclude our participation at this time.
- ☐ The subject of the solicitation is not something we ordinarily provide.
- ☐ We are inexperienced in the work/commodities required.
- ☐ Specifications are unclear, too restrictive, etc. (Explain in REMARKS section.)
- ☐ The scope of work is beyond our present capacity.
- ☐ Doing business with the State of Maryland is simply too complicated. (Explain in REMARKS section.)
- ☐ We cannot be competitive. (Explain in REMARKS section.)
- ☐ Time allotted for completion of the Bid/Proposal is insufficient.
- ☐ Start-up time is insufficient.
- ☐ Bonding/Insurance requirements are restrictive. (Explain in REMARKS section.)
- ☐ Bid/Proposal requirements (other than specifications) are unreasonable or too risky. (Explain in REMARKS section.)
- ☐ MBE or VSBE requirements. (Explain in REMARKS section.)
- ☐ Prior State of Maryland contract experience was unprofitable or otherwise unsatisfactory. (Explain in REMARKS section.)
- ☐ Payment schedule too slow.
- ☐ Other: _____

2. If you have submitted a response to this solicitation, but wish to offer suggestions or express concerns, please use the REMARKS section below. (Attach additional pages as needed.).

REMARKS:

Vendor Name: _____ Date: _____

Contact Person: _____ Phone (____) ____ - _____

Address: _____

E-mail Address: _____

**STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
RFP KEY INFORMATION SUMMARY SHEET**

Request for Proposals: Quality of Life Survey

Solicitation Number: DHMH OPASS – 16-14341

RFP Issue Date: February 13, 2015

RFP Issuing Office: Maryland Department of Health and Mental Hygiene
Developmental Disabilities Administration

Procurement Officer: Michael Howard
Maryland Department of Health & Mental Hygiene
Office of Procurement & Support Services
201 W. Preston Street, Baltimore, MD 21201
Phone: (410)-767-0974 Fax: (410)-333-5958
E-mail: dhmh.solicitationquestions@maryland.gov

Contract Officer: Allegra Daye
Maryland Department of Health & Mental Hygiene
Office of Procurement & Support Services
201 W. Preston Street, Baltimore, MD 21201
Phone: (410) 767-5741 Fax: (410) 333-5958
E-mail: allegra.daye@maryland.gov

Contract Monitor: Nancy L. Hatch
Developmental Disabilities Administration

Proposals are to be sent to: Maryland Department of Health and Mental Hygiene
Office of Procurement and Support Services
201 W. Preston Street, 4th Floor, Baltimore, MD 21201
Attention: Michael Howard, Procurement Officer

Pre-Proposal Conference: February 23, 2015 at 10:00 am Local Time
Maryland Department of Health and Mental Hygiene
201 W. Preston Street, Lobby Room L-4
Baltimore, MD 21201

Closing Date and Time: March 16, 2015 by 2:00 pm Local Time

MBE Subcontracting Goal: 10 %

VSBE Subcontracting Goal: .5 %

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SECTION 1 - GENERAL INFORMATION

1.1 Summary Statement

- 1.1.1 The Maryland Department of Health and Mental Hygiene (DHMH or the Department), Developmental Disabilities Administration, is issuing this Request for Proposals (RFP) to obtain a Contractor to administer Quality of Life Surveys funded by the Maryland Developmental Disabilities Administration. Face-to-face Adult Consumer Surveys will be conducted in addition to mail-in surveys of families who have a family member with a disability. During the contract period, the Contractor will conduct face-to-face surveys, mail-in surveys and data entry of survey results. The surveys and data entry shall be conducted between 07/01/2015 and 06/30/2016 and shall include both mail-in and face-to-face surveys. If exercised by the State, there will be up to two, one-year renewal option periods which shall include both mail-in and face-to-face surveys.
- 1.1.2 It is the State's intention to obtain services, as specified in this RFP, from a Contract between the selected Offeror and the State. The anticipated duration of services to be provided under this Contract is 1 year and up to two, one year options. See Section 1.4 for more information.
- 1.1.3 The Department intends to make a single award as a result of this RFP.
- 1.1.4 Offerors, either directly or through their subcontractor(s), must be able to provide all services and meet all of the requirements requested in this solicitation and the successful Offeror (the Contractor) shall remain responsible for Contract performance regardless of subcontractor participation in the work.

1.2 Abbreviations and Definitions

For purposes of this RFP, the following abbreviations or terms have the meanings indicated below:

- a. **Adult Consumer Survey (ACS)** – The face-to-face survey conducted with adult ID / DD individuals.
- b. **Business Day(s)** – The official working days of the week to include Monday through Friday. Official working days exclude State Holidays (see definition of “Normal State Business Hours” below).
- c. **Adult Family Survey (AFS)** – Mail-in surveys completed by parents of ID / DD individuals living with them.
- d. **Child Family Surveys (CFS)** - Mail-in surveys completed by parents of ID / DD children (under age 21).
- e. **COMAR** – Code of Maryland Regulations available on-line at www.dsd.state.md.us.
- f. **Contract** – The Contract awarded to the successful Offeror pursuant to this RFP. The Contract will be in the form of **Attachment A**.
- g. **Contract Commencement** - The date the Contract is signed by the Department following any required approvals of the Contract, including approval by the Board of Public Works, if such approval is required. See Section 1.4.
- h. **Contract Monitor (CM)** – The State representative for this Contract who is primarily responsible for Contract administration functions, including issuing written direction, invoice approval, monitoring this Contract to ensure compliance with the terms and conditions of the Contract, monitoring MBE and VSBE compliance, and achieving completion of the Contract on budget, on time, and within scope.

- i. **Contract Officer (CO)** – The Office of Procurement and Support Services (OPASS) designated individual assigned to facilitate the procurement process. The Procurement Officer may designate the Contract Officer to conduct components of the procurement on behalf of the Procurement Officer.
- j. **Contractor** – The selected Offeror that is awarded a Contract by the State.
- k. **Department or DHMH** – Maryland Department of Health and Mental Hygiene.
- l. **Electronic/Online Survey Tool** – A possible alternative to paper surveys typically used for this Contract, (e.g., “Survey Monkey.”) See Section 3.2.3.6
- m. **eMM** – eMaryland Marketplace (see IFB Section 1.8).
- n. **Family Guardian Survey (FGS)** – Mail-in survey completed by guardians of adult ID / DD individuals not residing with them.
- o. **Go-Live Date** – The date when the Contractor must begin providing all services required by this solicitation. See Section 1.4.
- p. **Inter-Rater Reliability** – a measure of reliability used to assess the degree to which different raters agree in their assessment decisions.
- q. **Key Personnel** – The Contractor’s Project Director and all survey interview personnel are designated Key Personnel and subject to the provisions of Section 1.23.
- r. **Local Time** – Time in the Eastern Time Zone as observed by the State of Maryland. Unless otherwise specified, all stated times shall be Local Time, even if not expressly designated as such.
- s. **Minority Business Enterprise (MBE)** – Any legal entity certified as defined at COMAR 21.01.02.01B(54) which is certified by the Maryland Department of Transportation under COMAR 21.11.03.
- t. **National Core Indicators (NCI)** – National Core Indicators (NCI) began in 1997 as a collaborative effort between the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI). The goal of the program was to encourage and support NASDDDS member agencies to develop a standard set of performance measures that could be used by states to manage quality and across states for making comparisons and setting benchmarks. The core indicators are the foundation for the project. The current set of performance indicators includes approximately 100 consumer, family, systemic, cost, and health and safety outcomes - outcomes that are important to understanding the overall health of public developmental disabilities agencies. Associated with each indicator is a source from which the data is collected. Sources of information include Consumer survey (e.g., empowerment and choice issues) family surveys (e.g., satisfaction with supports), provider survey (e.g., staff turnover), and state systems data (e.g., expenditures, mortality, etc.). For more information, see <http://www.nationalcoreindicators.org/>.
- u. **Normal State Business Hours** - Normal State business hours are 8:00 a.m. – 5:00 p.m. Monday through Friday except State Holidays, which can be found at: www.dbm.maryland.gov – keyword: State Holidays.
- v. **Notice to Proceed (NTP)** – A written notice from the Procurement Officer that, subject to the conditions of the Contract, work under the Contract is to begin as of a specified date. The start date listed in the NTP is the Go-Live Date, and is the official start date of the Contract for the actual delivery of services as described in this solicitation. After Contract Commencement, additional NTPs may be issued by either the Procurement Officer or the Department Contract Monitor regarding the start date for any service included within this solicitation with a delayed or non-specified implementation date.

- w. **Online Data Entry System (ODESA)** – NCI’s on-line data entry system. The Contractor is responsible for inputting responses to face-to-face surveys and mail-in surveys into this web-based data entry system.
- x. **Option Period** – The period of time for which an Offeror’s prices for the options must remain firm.
- y. **Procurement Coordinator** – The State representative designated by the Procurement Officer to perform certain duties related to this solicitation, including those set forth herein.
- z. **Procurement Officer** – Prior to the award of any Contract, the sole point of contact in the State for purposes of this solicitation. After Contract award, the Procurement Officer has responsibilities as detailed in the Contract (Attachment A), including being the only State representative who can authorize changes to the Contract. The Department may change the Procurement Officer at any time by written notice to the Contractor.
- aa. **Request for Proposals (RFP)** – This Request for Proposals solicitation issued by the Maryland Department of Health and Mental Hygiene, Developmental Disabilities Administration, Solicitation Number OPASS# 16-14341, February 13, 2015, including any addenda.
- bb. **State** – The State of Maryland.
- cc. **Task and Timeline Chart** – Chart that provides the Contractor with specific Contract tasks and the time frames to complete them in. (See Attachment P.)
- dd. **Total Proposal Price** - The Offeror’s total proposed price for services in response to this solicitation, included in the Financial Proposal with Attachment F – Price Form, and used in the financial evaluation of Proposals (see RFP Section 5.3).
- ee. **Veteran-owned Small Business Enterprise (VSBE)** – a business that is verified by the Center for Veterans Enterprise of the United States Department of Veterans Affairs as a veteran-owned small business. See Code of Maryland Regulations (COMAR) 21.11.13.
- ff. **Work Plan** – Statement that describes the program, defines the program objectives and goals, outlines the technical approach, provides a scope of work, and defines the quality assurance for the program.

1.3 Contract Type

The Contract resulting from this solicitation shall be a firm fixed price contract as defined in COMAR 21.06.03.02A(1).

1.4 Contract Duration

- 1.4.1 The Contract that results from this solicitation shall commence as of the date the Contract is signed by the Department following any required approvals of the Contract, including approval by the Board of Public Works, if such approval is required (“Contract Commencement”).
- 1.4.2 The period of time from the date of Contract Commencement through the Go-Live Date (see Section 1.2 definition and Section 1.4.3) will be the Contract “Start-up Period.” During the Start-up Period the Contractor shall perform start-up activities such as are necessary to enable the Contractor to begin the successful performance of Contract activities as of the Go-Live Date. No compensation will be paid to the Contractor for any activities it performs during the Start-up Period.

- 1.4.3 As of the Go-Live Date contained in a Notice to Proceed (see Section 1.2 definition), anticipated to be on or about July 1, 2015, the Contractor shall perform all activities required by the Contract, including the requirements of this solicitation, and the offerings in its Technical Proposal, for the compensation described in its Financial Proposal.
- 1.4.4 The duration of the Contract will be for one year from the Go-Live Date for the provision of all services required by the Contract and the requirements of this solicitation. This Contract may be extended for two, one-year periods at the sole discretion of the Department and at the prices quoted in the Financial Proposal Form for Option Periods.
- 1.4.5 The Contractor's obligations to pay invoices to subcontractors that provided services during the Contract term, as well as the audit, confidentiality, document retention, and indemnification obligations of the Contract (see Attachment A) shall survive expiration or termination of the Contract and continue in effect until all such obligations are satisfied.

1.5 Procurement Officer

The sole point of contact in the State for purposes of this solicitation prior to the award of any Contract is the Procurement Officer at the address listed below:

Michael Howard
Maryland Department of Health and Mental Hygiene
Office of Procurement and Support Services
201 West Preston Street, Room 416B
Baltimore, MD 21201
Phone: 410-767-0974
Fax: 410-333-5958
E-mail: dhmh.solicitationquestions@maryland.gov

The Department may change the Procurement Officer at any time by written notice.

1.5.2 The Procurement Officer designates the following individual as the Procurement Coordinator, who is authorized to act on behalf of the Procurement Officer only as expressly set forth in this solicitation:

Chevelle McGinnis
Maryland Department of Health and Mental Hygiene
Developmental Disabilities Administration
201 West Preston Street
Baltimore, MD 21201
Phone: 410-767-5618
Fax: 410-767-5850
E-mail: chevelle.mcginnis@maryland.gov

The Department may change the Procurement Coordinator at any time by written notice.

1.5.3 The Procurement Officer designates the following individual as the Contract Officer, who is authorized to act on behalf of the Procurement Officer:

Allegra Daye
Maryland Department of Health and Mental Hygiene
Office of Procurement and Support Services
201 West Preston Street
Baltimore, MD 21201
Phone: (410) 767- 5741
Fax: (410) 333-5958
E-mail: allegra.daye@maryland.gov

The Department may change the Contract Officer at any time by written notice.

1.6 Contract Monitor

The Contract Monitor is:

Nancy L. Hatch
Maryland Department of Health and Mental Hygiene
Developmental Disabilities Administration
201 W. Preston Street, 4th Floor
Baltimore, MD 21201
Phone: (410) 767 - 5431
Fax: (410) 333 - 7441
E-mail: nancy.hatch@maryland.gov

The Department may change the Contract Monitor at any time by written notice.

1.7 Pre-Proposal Conference

A Pre-Proposal Conference (the Conference) will be held on February 23, 2015, beginning at 10:00 am Local Time, at Maryland Department of Health & Mental Hygiene, Lobby Room L-4, 201 W. Preston Street, Baltimore, MD 21201. All prospective Offerors are encouraged to attend in order to facilitate better preparation of their Proposals.

The Conference will be summarized. As promptly as is feasible subsequent to the Conference, a summary of the Conference and all questions and answers known at that time will be distributed to all prospective Offerors known to have received a copy of this RFP. This summary, as well as the questions and answers, will also be posted on eMaryland Marketplace. See RFP Section 1.8.

In order to assure adequate seating and other accommodations at the Conference, please e-mail, mail, or fax to 410-333-5958 the Pre-Proposal Conference Response Form to the attention of the Contract Officer no later than 4:00 p.m. Local Time on February 20, 2015. The Pre-Proposal Conference Response Form is included as **Attachment E** to this RFP. In addition, if there is a need for sign language interpretation and/or other special accommodations due to a disability, please notify the Contract Officer no later than February 19, 2015. The Department will make a reasonable effort to provide such special accommodation.

1.8 eMarylandMarketplace

Each Offeror is requested to indicate its eMaryland Marketplace (eMM) vendor number in the Transmittal Letter (cover letter) submitted at the time of its Proposal submission to this RFP.

eMM is an electronic commerce system administered by the Maryland Department of General Services. In addition to using the DHMH website (<http://www.dhmfh.maryland.gov/procumnt/SitePages/procopps.aspx>) and possibly other means for transmitting the RFP and associated materials, the solicitation and summary of the Pre-Proposal Conference, Offeror questions and the Procurement Officer's responses, addenda, and other solicitation-related information will be provided via eMM.

In order to receive a contract award, a vendor must be registered on eMM. Registration is free. Go to <https://emaryland.buyspeed.com/bsol/login.jsp>, click on "Register" to begin the process, and then follow the prompts.

1.9 Questions

Written questions from prospective Offerors will be accepted by the Procurement Officer prior to the Conference. If possible and appropriate, such questions will be answered at the Conference. (No substantive question will be answered prior to the Conference.) Questions to the Procurement Officer shall be submitted via e-mail to the following e-mail address: **dhmfh.solicitationquestions@maryland.gov**. Please identify in the subject line the Solicitation Number and Title. Questions, both oral and written, will also be accepted from prospective Offerors attending the Conference. If possible and appropriate, these questions will be answered at the Conference.

Questions will also be accepted subsequent to the Conference and should be submitted to the Procurement Officer (**see above email address**) in a timely manner prior to the Proposal due date. Questions are requested to be submitted at least five (5) days prior to the Proposal due date. The Procurement Officer, based on the availability of time to research and communicate an answer, shall decide whether an answer can be given before the Proposal due date. Time permitting, answers to all substantive questions that have not previously been answered, and are not clearly specific only to the requestor, will be distributed to all vendors that are known to have received a copy of the RFP in sufficient time for the answer to be taken into consideration in the Proposal.

1.10 Procurement Method

This Contract will be awarded in accordance with the Competitive Sealed Proposals method under COMAR 21.05.03.

1.11 Proposals Due (Closing) Date and Time

Proposals, in the number and form set forth in Section 4.2 "Proposals" must be received by the Procurement Officer at the address listed on the Key Information Summary Sheet, no later than 2:00 pm Local Time on March 16, 2015 in order to be considered.

Requests for extension of this time or date will not be granted. Offerors mailing Proposals should allow sufficient mail delivery time to ensure timely receipt by the Procurement Officer. Except as provided in COMAR 21.05.02.10, Proposals received after the due date and time listed in this section will not be considered.

Proposals may be modified or withdrawn by written notice received by the Procurement Officer before the time and date set forth in this section for receipt of Proposals.

Proposals may not be submitted by e-mail or facsimile. Proposals will not be opened publicly.

Vendors not responding to this solicitation are requested to submit the "Notice to Vendors" form, which includes company information and the reason for not responding (e.g., too busy, cannot meet mandatory requirements, etc.). This form is located in the RFP immediately following the Title Page (page ii).

1.12 Multiple or Alternate Proposals

Multiple and/or alternate Proposals will not be accepted.

1.13 Economy of Preparation

Proposals should be prepared simply and economically and provide a straightforward and concise description of the Offeror's Proposal to meet the requirements of this RFP.

1.14 Public Information Act Notice

An Offeror should give specific attention to the clear identification of those portions of its Proposal that it considers confidential and/or proprietary commercial information or trade secrets, and provide justification why such materials, upon request, should not be disclosed by the State under the Public Information Act, Md. Code Ann., State Government Article, Title 10, Subtitle 6. (Also, see RFP Section 4.4.3.2 "Claim of Confidentiality"). This confidential and/or proprietary information should be identified by page and section number and placed after the Title Page and before the Table of Contents in the Technical Proposal and if applicable, separately in the Financial Proposal.

Offerors are advised that, upon request for this information from a third party, the Procurement Officer is required to make an independent determination whether the information must be disclosed.

1.15 Award Basis

The Contract shall be awarded to the responsible Offeror submitting the Proposal that has been determined to be the most advantageous to the State, considering price and evaluation factors set forth in this RFP (see COMAR 21.05.03.03F), for providing the goods and services as specified in this RFP. See RFP Section 5 for further award information.

1.16 Oral Presentation

Offerors may be required to make oral presentations to State representatives. Offerors must confirm in writing any substantive oral clarification of, or change in, their Proposals made in the course of discussions. Any such written clarifications or changes then become part of the Offeror's Proposal and are binding if the Contract is awarded. The Procurement Officer will notify Offerors of the time and place of oral presentations.

1.17 Duration of Proposal

Proposals submitted in response to this RFP are irrevocable for 120 days following the closing date for submission of Proposals or best and final offers if requested. This period may be extended at the Procurement Officer's request only with the Offeror's written agreement.

1.18 Revisions to the RFP

If it becomes necessary to revise this RFP before the due date for Proposals, the Department shall endeavor to provide addenda to all prospective Offerors that were sent this RFP or which are otherwise known by the Procurement Officer to have obtained this RFP. In addition, addenda to the RFP will be posted on the DHMH Current Procurements web

page and through eMM. It remains the responsibility of all prospective Offerors to check all applicable websites for any addenda issued prior to the submission of Proposals. Addenda made after the due date for Proposals will be sent only to those Offerors that submitted a timely Proposal and that remain under award consideration as of the issuance date of the addenda.

Acknowledgment of the receipt of all addenda to this RFP issued before the Proposal due date shall be included in the Transmittal Letter accompanying the Offeror's Technical Proposal. Acknowledgement of the receipt of addenda to the RFP issued after the Proposal due date shall be in the manner specified in the addendum notice. Failure to acknowledge receipt of an addendum does not relieve the Offeror from complying with the terms, additions, deletions, or corrections set forth in the addendum.

1.19 Cancellations

The State reserves the right to cancel this RFP, accept or reject any and all Proposals, in whole or in part, received in response to this RFP, to waive or permit the cure of minor irregularities, and to conduct discussions with all qualified or potentially qualified Offerors in any manner necessary to serve the best interests of the State. The State also reserves the right, in its sole discretion, to award a Contract based upon the written Proposals received without discussions or negotiations.

1.20 Incurred Expenses

The State will not be responsible for any costs incurred by any Offeror in preparing and submitting a Proposal, in making an oral presentation, in providing a demonstration, or in performing any other activities related to submitting a Proposal in response to this solicitation.

1.21 Protest/Disputes

Any protest or dispute related, respectively, to this solicitation or the resulting Contract shall be subject to the provisions of COMAR 21.10 (Administrative and Civil Remedies).

1.22 Offeror Responsibilities

The selected Offeror shall be responsible for all products and services required by this RFP. All subcontractors must be identified and a complete description of their role relative to the Proposal must be included in the Offeror's Proposal. If applicable, subcontractors utilized in meeting the established MBE or VSBE participation goal(s) for this solicitation shall be identified as provided in the appropriate Attachment(s) of this RFP (see Section 1.33 "Minority Business Enterprise Goals" and Section 1.41 "Veteran-Owned Small Business Enterprise Goals").

If an Offeror that seeks to perform or provide the services required by this RFP is the subsidiary of another entity, all information submitted by the Offeror, including but not limited to references, financial reports, or experience and documentation (e.g. insurance policies, bonds, letters of credit) used to meet minimum qualifications, if any, shall pertain exclusively to the Offeror, unless the parent organization will guarantee the performance of the subsidiary. If applicable, the Offeror's Proposal shall contain an explicit statement that the parent organization will guarantee the performance of the subsidiary.

A parental guarantee of the performance of the Offeror under this Section will not automatically result in crediting the Offeror with the experience and/or qualifications of the parent under any evaluation criteria pertaining to the Offeror's experience and qualifications. Instead, the Offeror will be evaluated on the extent to which the State determines that the experience and qualification of the parent are transferred to and shared with the Offeror, the parent is directly involved in the performance of the Contract, and the value of the parent's participation as determined by the State.

1.23 Substitution of Personnel

A. Continuous Performance of Key Personnel

Unless substitution is approved per paragraphs B-D of this section, Key Personnel shall be the same personnel proposed in the Contractor's Technical Proposal, which will be incorporated into the Contract by reference. Such identified key personnel shall perform continuously for the duration of the Contract, or such lesser duration as specified in the Technical Proposal. Key Personnel may not be removed by the Contractor from working under this Contract, as described in the RFP or the Contractor's Technical Proposal, without the prior written approval of the Contract Monitor.

If the Contract is task order based, the provisions of this section apply to key personnel identified in each task order proposal and agreement.

B. Definitions

For the purposes of this section, the following definitions apply:

Extraordinary Personal Circumstance – means any circumstance in an individual's personal life that reasonably requires immediate and continuous attention for more than fifteen (15) days and that precludes the individual from performing his/her job duties under this Contract. Examples of such circumstances may include, but are not limited to: a sudden leave of absence to care for a family member who is injured, sick, or incapacitated; the death of a family member, including the need to attend to the estate or other affairs of the deceased or his/her dependents; substantial damage to, or destruction of, the individual's home that causes a major disruption in the individual's normal living circumstances; criminal or civil proceedings against the individual or a family member; jury duty; and military service call-up.

Incapacitating – means any health circumstance that substantially impairs the ability of an individual to perform the job duties described for that individual's position in the RFP or the Contractor's Technical Proposal.

Sudden – means when the Contractor has less than thirty (30) days' prior notice of a circumstance beyond its control that will require the replacement of any key personnel working under the Contract.

C. Key Personnel General Substitution Provisions

The following provisions apply to all of the circumstances of staff substitution described in paragraph D of this section.

1. The Contractor shall demonstrate to the Contract Monitor's satisfaction that the proposed substitute key personnel have qualifications at least equal to those of the key personnel for whom the replacement is requested.
2. The Contractor shall provide the Contract Monitor with a substitution request that shall include:
 - A detailed explanation of the reason(s) for the substitution request;
 - The resume of the proposed substitute personnel, signed by the substituting individual and his/her formal supervisor;
 - The official resume of the current personnel for comparison purposes; and
 - Any evidence of any required credentials.
3. The Contract Monitor may request additional information concerning the proposed substitution. In addition, the Contract Monitor and/or other appropriate State personnel involved with the Contract may interview the proposed substitute personnel prior to deciding whether to approve the substitution request.

4. The Contract Monitor will notify the Contractor in writing of: (i) the acceptance or denial, or (ii) contingent or temporary approval for a specified time limit, of the requested substitution. The Contract Monitor will not unreasonably withhold approval of a requested Key Personnel replacement.

D. Replacement Circumstances

1. Voluntary Key Personnel Replacement

To voluntarily replace any Key Personnel, the Contractor shall submit a substitution request as described in paragraph C of this section to the Contract Monitor at least fifteen (15) days prior to the intended date of change. Except in a circumstance described in paragraph D.2 of this clause, a substitution may not occur unless and until the Contract Monitor approves the substitution in writing.

2. Key Personnel Replacement Due to Vacancy

The Contractor shall replace key personnel whenever a vacancy occurs due to the sudden termination, resignation, leave of absence due to an Extraordinary Personal Circumstance, Incapacitating injury, illness or physical condition, or death of such personnel. (A termination or resignation with thirty (30) days or more advance notice shall be treated as a Voluntary Key Personnel Replacement as per Section D.1 of this section.).

Under any of the circumstances set forth in this paragraph D.2, the Contractor shall identify a suitable replacement and provide the same information or items required under paragraph C of this section within fifteen (15) days of the actual vacancy occurrence or from when the Contractor first knew or should have known that the vacancy would be occurring, whichever is earlier.

3. Key Personnel Replacement Due to an Indeterminate Absence

If any key personnel has been absent from his/her job for a period of ten (10) days due to injury, illness, or other physical condition, leave of absence under a family medical leave, or an Extraordinary Personal Circumstance and it is not known or reasonably anticipated that the individual will be returning to work within the next twenty (20) days to fully resume all job duties, before the 25th day of continuous absence, the Contractor shall identify a suitable replacement and provide the same information or items to the Contract Monitor as required under paragraph C of this section.

However, if this person is available to return to work and fully perform all job duties before a replacement has been authorized by the Contract Monitor, at the option and sole discretion of the Contract Monitor, the original personnel may continue to work under the Contract, or the replacement personnel will be authorized to replace the original personnel, notwithstanding the original personnel's ability to return.

4. Directed Personnel Replacement

- a. The Contract Monitor may direct the Contractor to replace any personnel who are perceived as being unqualified, non-productive, unable to fully perform the job duties due to full or partial Incapacity or Extraordinary Personal Circumstance, disruptive, or known, or reasonably believed, to have committed a major infraction(s) of law, agency, or Contract requirements. Normally, a directed personnel replacement will occur only after prior notification of problems with requested remediation, as described in paragraph 4.b. If after such remediation the Contract Monitor determines that the personnel performance has not improved to the level necessary to continue under the Contract, if at all possible at least fifteen (15) days notification of a directed replacement will be provided. However, if the Contract Monitor deems it necessary and in the State's best interests to remove the personnel with less than fifteen (15) days' notice, the Contract Monitor can direct the removal in a timeframe of less than fifteen (15) days, including immediate removal.

In circumstances of directed removal, the Contractor shall, in accordance with paragraph C of this section, provide a suitable replacement for approval within fifteen (15) days of the notification of the need for removal, or the actual removal, whichever occurs first.

- b. If deemed appropriate in the discretion of the Contract Monitor, the Contract Monitor shall give written notice of any personnel performance issues to the Contractor, describing the problem and delineating the remediation requirement(s). The Contractor shall provide a written Remediation Plan within ten (10) days of the date of the notice and shall implement the Remediation Plan immediately upon written acceptance by the Contract Monitor. If the Contract Monitor rejects the Remediation Plan, the Contractor shall revise and resubmit the plan to the Contract Monitor within five (5) days, or in the timeframe set forth by the Contract Monitor in writing.

Should performance issues persist despite the approved Remediation Plan, the Contract Monitor will give written notice of the continuing performance issues and either request a new Remediation Plan within a specified time limit or direct the substitution of personnel whose performance is at issue with a qualified substitute, including requiring the immediate removal of the key personnel at issue.

Replacement or substitution of personnel under this section shall be in addition to, and not in lieu of, the State's remedies under the Contract or which otherwise may be available at law or in equity.

1.24 Mandatory Contractual Terms

By submitting a Proposal in response to this RFP, an Offeror, if selected for award, shall be deemed to have accepted the terms and conditions of this RFP and the Contract, attached herein as **Attachment A**. Any exceptions to this RFP or the Contract shall be clearly identified in the Executive Summary of the Technical Proposal. **A Proposal that takes exception to these terms may be rejected (see RFP Section 4.4.3.4).**

1.25 Bid/Proposal Affidavit

A Proposal submitted by an Offeror must be accompanied by a completed Bid/Proposal Affidavit. A copy of this Affidavit is included as **Attachment B** of this RFP.

1.26 Contract Affidavit

All Offerors are advised that if a Contract is awarded as a result of this solicitation, the successful Offeror will be required to complete a Contract Affidavit. A copy of this Affidavit is included as **Attachment C** of this RFP. This Affidavit must be provided within five (5) Business Days of notification of proposed Contract award. This Contract Affidavit will also be required to be completed by the Contractor prior to any Contract renewals, including the exercise of any options or modifications that may extend the Contract term.

1.27 Compliance with Laws/Arrearages

By submitting a Proposal in response to this RFP, the Offeror, if selected for award, agrees that it will comply with all Federal, State, and local laws applicable to its activities and obligations under the Contract.

By submitting a response to this solicitation, each Offeror represents that it is not in arrears in the payment of any obligations due and owing the State, including the payment of taxes and employee benefits, and that it shall not become so in arrears during the term of the Contract if selected for Contract award.

1.28 Verification of Registration and Tax Payment

Before a business entity can do business in the State it must be registered with the State Department of Assessments and Taxation (SDAT). SDAT is located at State Office Building, Room 803, 301 West Preston Street, Baltimore, Maryland 21201. The SDAT website is <http://www.dat.state.md.us/sdatweb/services.html>.

It is strongly recommended that any potential Offeror complete registration prior to the due date for receipt of Proposals. An Offeror's failure to complete registration with SDAT may disqualify an otherwise successful Offeror from final consideration and recommendation for Contract award.

1.29 False Statements

Offerors are advised that Md. Code Ann., State Finance and Procurement Article, § 11-205.1 provides as follows:

1.29.1 In connection with a procurement contract a person may not willfully:

- (a) Falsify, conceal, or suppress a material fact by any scheme or device;
- (b) Make a false or fraudulent statement or representation of a material fact; or
- (c) Use a false writing or document that contains a false or fraudulent statement or entry of a material fact.

1.29.2 A person may not aid or conspire with another person to commit an act under subsection (1) of this section.

1.29.3 A person who violates any provision of this section is guilty of a felony and on conviction is subject to a fine not exceeding \$20,000 or imprisonment not exceeding five years or both.

1.30 Payments by Electronic Funds Transfer

By submitting a response to this solicitation, the Bidder/Offeror agrees to accept payments by electronic funds transfer (EFT) unless the State Comptroller's Office grants an exemption. Payment by EFT is mandatory for contracts exceeding \$100,000. The selected Bidder/Offeror shall register using the COT/GAD X-10 Vendor Electronic Funds (EFT) Registration Request Form. Any request for exemption must be submitted to the State Comptroller's Office for approval at the address specified on the COT/GAD X-10 form, must include the business identification information as stated on the form, and must include the reason for the exemption. The COT/GAD X-10 form may be downloaded from the Comptroller's website at:

http://comptroller.marylandtaxes.com/Government_Services/State_Accounting_Information/Static_Files/APM/gadx-10.pdf

1.31 Prompt Payment Policy

This procurement and the Contract(s) to be awarded pursuant to this solicitation are subject to the Prompt Payment Policy Directive issued by the Governor's Office of Minority Affairs (GOMA) and dated August 1, 2008. Promulgated pursuant to Md. Code Ann., State Finance and Procurement Article, §§ 11-201, 13-205(a), and Title 14, Subtitle 3, and COMAR 21.01.01.03 and 21.11.03.01, the Directive seeks to ensure the prompt payment of all subcontractors on non-construction procurement contracts. The Contractor must comply with the prompt payment requirements outlined in the Contract, Section 31 "Prompt Payment" (see **Attachment A**).

Additional information is available on GOMA's website at:

http://goma.maryland.gov/Documents/Legislation/PROMPTPAYMENTFAQs_000.pdf.

1.32 Electronic Procurements Authorized

- A. Under COMAR 21.03.05, unless otherwise prohibited by law, DHMH may conduct procurement transactions by electronic means, including the solicitation, bidding, award, execution, and administration of a contract, as provided in Md. Code Ann., Maryland Uniform Electronic Transactions Act, Commercial Law Article, Title 21.
- B. Participation in the solicitation process on a procurement contract for which electronic means has been authorized shall constitute consent by the Bidder/Offeror to conduct by electronic means all elements of the procurement of that Contract which are specifically authorized under the solicitation or the Contract.
- C. "Electronic means" refers to exchanges or communications using electronic, digital, magnetic, wireless, optical, electromagnetic, or other means of electronically conducting transactions. Electronic means includes facsimile, e-mail, internet-based communications, electronic funds transfer, specific electronic bidding platforms (e.g., <https://emaryland.buyspeed.com/bso/>), and electronic data interchange.
- D. In addition to specific electronic transactions specifically authorized in other sections of this solicitation (e.g., § 1.30 "Payments by Electronic Funds Transfer") and subject to the exclusions noted in section E of this subsection, the following transactions are authorized to be conducted by electronic means on the terms described:
1. The Procurement Officer may conduct the procurement using eMM, e-mail, or facsimile to issue:
 - (a) the solicitation (e.g., the IFB/RFP);
 - (b) any amendments;
 - (c) pre-Bid/Proposal conference documents;
 - (d) questions and responses;
 - (e) communications regarding the solicitation or Bid/Proposal to any Bidder/Offeror or potential Bidder/Offeror;
 - (f) notices of award selection or non-selection; and
 - (g) the Procurement Officer's decision on any Bid protest or Contract claim.
 2. A Bidder/Offeror or potential Bidder/Offeror may use e-mail or facsimile to:
 - (a) ask questions regarding the solicitation;
 - (b) reply to any material received from the Procurement Officer by electronic means that includes a Procurement Officer's request or direction to reply by e-mail or facsimile, but only on the terms specifically approved and directed by the Procurement Officer;
 - (c) submit a "No Bid/Proposal Response" to the solicitation.
 3. The Procurement Officer, the Contract Monitor, and the Contractor may conduct day-to-day Contract administration, except as outlined in Section E of this subsection utilizing e-mail, facsimile, or other electronic means if authorized by the Procurement Officer or Contract Monitor.
- E. The following transactions related to this procurement and any Contract awarded pursuant to it are *not authorized* to be conducted by electronic means:
1. submission of initial Bids or Proposals;
 2. filing of Bid Protests;
 3. filing of Contract Claims;
 4. submission of documents determined by DHMH to require original signatures (e.g., Contract execution, Contract modifications, etc.); or
 5. any transaction, submission, or communication where the Procurement Officer has specifically directed that a response from the Contractor or Bidder/Offeror be provided in writing or hard copy.

- F. Any facsimile or e-mail transmission is only authorized to the facsimile numbers or e-mail addresses for the identified person as provided in the solicitation, the Contract, or in the direction from the Procurement Officer or Contract Monitor.

1.33 Minority Business Enterprise Goals

1.33.1 Establishment of Goal and Subgoals.

An overall MBE subcontractor participation goal of 10% of the total contract dollar amount has been established for this procurement.

Notwithstanding any subgoals established above, the Contractor is encouraged to use a diverse group of subcontractors and suppliers from any/all of the various MBE classifications to meet the remainder of the overall MBE participation goal.

There are no MBE subcontractor participation subgoals for this procurement.

1.33.2 Attachments D-1 to D-5 – The following Minority Business Enterprise participation instructions, and forms are provided to assist Bidders/Offerors:

Attachment D-1A	MBE Utilization and Fair Solicitation Affidavit & MBE Participation Schedule (must be submitted with Bid/Proposal)
Attachment D-1B	Waiver Guidance
Attachment D-1C	Good Faith Efforts Documentation to Support Waiver Request
Attachment D-2	Outreach Efforts Compliance Statement
Attachment D-3A	MBE Subcontractor Project Participation Certification
Attachment D-3B	MBE Prime Project Participation Certification
Attachment D-4A	Prime Contractor Paid/Unpaid MBE Invoice Report
Attachment D-4B	MBE Prime Contractor Report
Attachment D-5	Subcontractor/Contractor Unpaid MBE Invoice Report

1.33.3 A Bidder/Offeror shall include with its Bid/Proposal a completed MBE Utilization and Fair Solicitation Affidavit (Attachment D-1A) whereby:

- (a) The Bidder/Offeror acknowledges the certified MBE participation goal and commits to make a good faith effort to achieve the goal and any applicable subgoals, or requests a waiver, and affirms that MBE subcontractors were treated fairly in the solicitation process; and
- (b) The Bidder/Offeror responds to the expected degree of MBE participation, as stated in the solicitation, by identifying the specific commitment of certified MBEs at the time of Bid/Proposal submission. The Bidder/Offeror shall specify the percentage of total contract value associated with each MBE subcontractor identified on the MBE participation schedule, including any work performed by the MBE Prime (including a Prime participating as a joint venture) to be counted towards meeting the MBE participation goals.
- (c) A Bidder/Offeror requesting a waiver should review Attachment D-1B (Waiver Guidance) and D-1C (Good Faith Efforts Documentation to Support Waiver Request) prior to submitting its request.

If a Bidder/Offeror fails to submit a completed Attachment D-1A with the Bid/Proposal as required, the Procurement Officer shall determine that the Bid is non-responsive or the Proposal is not reasonably susceptible of being selected for award.

- 1.33.4 Bidders/Offerors are responsible for verifying that each MBE (including any MBE Prime and/or MBE Prime participating in a joint venture) selected to meet the goal and any subgoals and subsequently identified in **Attachment D-1A** is appropriately certified and has the correct NAICS codes allowing it to perform the committed work.
- 1.33.5 Within ten (10) Business Days from notification that it is the recommended awardee or from the date of the actual award, whichever is earlier, the Bidder/Offeror must provide the following documentation to the Procurement Officer.
- (a) Outreach Efforts Compliance Statement (**Attachment D-2**).
 - (b) MBE Subcontractor/Prime Project Participation Certification (**Attachment D-3A/3B**).
 - (c) If the recommended awardee believes a waiver (in whole or in part) of the overall MBE goal or of any applicable subgoal is necessary, the recommended awardee must submit a fully-documented waiver request that complies with COMAR 21.11.03.11.
 - (d) Any other documentation required by the Procurement Officer to ascertain Bidder/Offeror responsibility in connection with the certified MBE subcontractor participation goal or any applicable subgoals.

If the recommended awardee fails to return each completed document within the required time, the Procurement Officer may determine that the recommended awardee is not responsible and, therefore, not eligible for Contract award. If the Contract has already been awarded, the award is voidable.

- 1.33.6 A current directory of certified MBEs is available through the Maryland State Department of Transportation (MDOT), Office of Minority Business Enterprise, 7201 Corporate Center Drive, Hanover, Maryland 21076. The phone numbers are (410) 865-1269, 1-800-544-6056, or TTY (410) 865-1342. The directory is also available on the MDOT website at <http://mbe.mdod.state.md.us/directory/>. The most current and up-to-date information on MBEs is available via this website. **Only MDOT-certified MBEs may be used to meet the MBE subcontracting goals.**
- 1.33.7 The Contractor, once awarded a Contract, will be responsible for submitting or requiring its subcontractor(s) to submit the following forms to provide the State with ongoing monitoring of MBE Participation:
- (a) **Attachment D-4A** (Prime Contractor Paid/Unpaid MBE Invoice Report).
 - (b) **Attachment D- 4B** (MBE Prime Contractor Report, *if applicable*).
 - (c) **Attachment D-5** (MBE Subcontractor/Contractor Unpaid MBE Invoice Report).
- 1.33.8 A Bidder/Offeror that requested a waiver of the goal or any of the applicable subgoals will be responsible for submitting the Good Faith Efforts Documentation to Support Waiver Request (**Attachment D-1C**) and all documentation within ten (10) Business Days from notification that it is the recommended awardee or from the date of the actual award, whichever is earlier, as required in **COMAR 21.11.03.11**.
- 1.33.9 All documents, including the MBE Utilization and Fair Solicitation Affidavit & MBE Participation Schedule (**Attachment D-1A**), completed and submitted by the Bidder/Offeror in connection with its certified MBE participation commitment shall be considered a part of the resulting Contract and are hereby expressly incorporated into the Contract by reference thereto. All of the referenced documents will be considered a part of the Bid/Proposal for order of precedence purposes (see Contract – **Attachment A**, Section 2.1).
- 1.33.10 The Bidder/Offeror is advised that liquidated damages will apply in the event the Contractor fails to comply in good faith with the requirements of the MBE program and pertinent Contract provisions. (See Contract – **Attachment A**, Section 32).
- 1.33.11 As set forth in COMAR 21.11.03.12-1(D), when a certified MBE firm participates on a Contract as a Prime Contractor (including a joint-venture where the MBE firm is a partner), a procurement agency may count the

distinct, clearly defined portion of the work of the contract that the certified MBE firm performs with its own work force towards fulfilling up to fifty-percent (50%) of the MBE participation goal (overall) and up to one hundred percent (100%) of not more than one of the MBE participation sub-goals, if any, established for the contract.

In order to receive credit for self-performance, an MBE Prime must list its firm in Section 4A of the MBE Participation Schedule (**Attachment D-1A**) and include information regarding the work it will self-perform. For the remaining portion of the overall goal and the sub-goals, the MBE Prime must also identify certified MBE subcontractors (see Section 4B of the MBE Participation Schedule (**Attachment D-1A**)) used to meet those goals. If dually-certified, the MBE Prime can be designated as only one of the MBE sub-goal classifications but can self-perform up to 100% of the stated sub-goal.

As set forth in COMAR 21.11.03.12-1, once the Contract work begins, the work performed by a certified MBE firm, including an MBE Prime, can only be counted towards the MBE participation goal(s) if the MBE firm is performing a commercially useful function on the Contract.

1.33.12 With respect to Contract administration, the Contractor shall:

- (a) Submit to the Department's designated representative by the 10th of the month following the reporting period:
 - i. A Prime Contractor Paid/Unpaid MBE Invoice Report (**Attachment D-4A**) listing any unpaid invoices, over 45 days old, received from any certified MBE subcontractor, the amount of each invoice and the reason payment has not been made; and
 - ii. (If Applicable) An MBE Prime Contractor Report (**Attachment D-4B**) identifying an MBE Prime's self-performing work to be counted towards the MBE participation goals.
- (b) Include in its agreements with its certified MBE subcontractors a requirement that those subcontractors submit to the Department's designated representative by the 10th of the month following the reporting period an MBE Subcontractor Paid/Unpaid Invoice Report (**Attachment D-5**) that identifies the Contract and lists all payments to the MBE subcontractor received from the Contractor in the preceding reporting period month, as well as any outstanding invoices, and the amounts of those invoices.
- (c) Maintain such records as are necessary to confirm compliance with its MBE participation obligations. These records must indicate the identity of certified minority and non-minority subcontractors employed on the Contract, the type of work performed by each, and the actual dollar value of work performed. Subcontract agreements documenting the work performed by all MBE participants must be retained by the Contractor and furnished to the Procurement Officer on request.
- (d) Consent to provide such documentation as reasonably requested and to provide right-of-entry at reasonable times for purposes of the State's representatives verifying compliance with the MBE participation obligations. Contractor must retain all records concerning MBE participation and make them available for State inspection for three years after final completion of the Contract.
- (e) Upon completion of the Contract and before final payment and/or release of retainage, submit a final report in affidavit form and under penalty of perjury, of all payments made to, or withheld from MBE subcontractors.

1.34 Living Wage Requirements

Maryland law requires that Contractors meeting certain conditions pay a living wage to covered employees on State service contracts over \$100,000. Maryland Code, State Finance and Procurement, § 18-101 *et al.* The Commissioner of Labor and Industry at the Department of Labor, Licensing and Regulation requires that a Contractor subject to the Living Wage law submit payroll records for covered employees and a signed statement indicating that it paid a living wage to covered employees; or receive a waiver from Living Wage reporting requirements. *See* COMAR 21.11.10.05.

If subject to the Living Wage law, Contractor agrees that it will abide by all Living Wage law requirements, including but not limited to reporting requirements in COMAR 21.11.10.05. Contractor understands that failure of Contractor to provide such documents is a material breach of the terms and conditions and may result in Contract termination, disqualification by the State from participating in State contracts, and other sanctions.

Additional information regarding the State's living wage requirement is contained in **Attachment G**. Bidders/Offerors must complete and submit the Maryland Living Wage Requirements Affidavit of Agreement (**Attachment G-1**) with their Bid/Proposal. If a Bidder/Offeror fails to complete and submit the required documentation, the State may determine a Bidder/Offeror to be not responsible under State law.

Contractors and subcontractors subject to the Living Wage Law shall pay each covered employee at least the minimum amount set by law for the applicable Tier area. The specific living wage rate is determined by whether a majority of services take place in a Tier 1 Area or Tier 2 Area of the State. The Tier 1 Area includes Montgomery, Prince George's, Howard, Anne Arundel and Baltimore Counties, and Baltimore City. The Tier 2 Area includes any county in the State not included in the Tier 1 Area. In the event that the employees who perform the services are not located in the State, the head of the unit responsible for a State Contract pursuant to §18-102(d) of the State Finance and Procurement Article shall assign the tier based upon where the recipients of the services are located.

The Contract resulting from this solicitation will be determined to be a Tier 1 Contract or a Tier 2 Contract depending on the location(s) from which the Contractor provides 50% or more of the services. The Bidder/Offeror must identify in its Bid/Proposal the location(s) from which services will be provided, including the location(s) from which 50% or more of the Contract services will be provided.

- If the Contractor provides 50% or more of the services from a location(s) in a Tier 1 jurisdiction(s) the Contract will be a Tier 1 Contract.
- If the Contractor provides 50% or more of the services from a location(s) in a Tier 2 jurisdiction(s), the Contract will be a Tier 2 Contract.
- If the Contractor provides more than 50% of the services from an out-of-State location, the State agency determines the wage tier based on where the majority of the service recipients are located. In this circumstance, this Contract will be determined to be a Tier 1 Contract.

Information pertaining to reporting obligations may be found by going to the Maryland Department of Labor, Licensing and Regulation (DLLR) website <http://www.dllr.state.md.us/labor/prev/livingwage.shtml>.

NOTE: Whereas the Living Wage may change annually, the Contract price may not be changed because of a Living Wage change.

1.35 Federal Funding Acknowledgement

- 1.35.1 There are programmatic conditions that apply to this Contract due to Federal funding. (See **Attachment H**).
- 1.35.2 The total amount of Federal funds allocated for the Developmental Disabilities Administration is \$418,473,068 in Maryland State fiscal year 2015. This represents 44% of all funds budgeted for the unit in that fiscal year. This does not necessarily represent the amount of funding available for any particular grant, contract, or solicitation."
- 1.35.3 This Contract contains federal funds. The source of these federal funds is: Medical Assistance Program. The CFDA number is: 93.778. The conditions that apply to all federal funds awarded by the Department are contained in Federal Funds **Attachment H**. Any additional conditions that apply to this particular federally-funded contract are contained as supplements to Federal Funds **Attachment H** and Bidders/Offerors are to complete and submit these Attachments with their Bid/Proposal as instructed in the Attachments. Acceptance

of this agreement indicates the Bidder/Offeror's intent to comply with all conditions, which are part of this Contract.

1.36 Conflict of Interest Affidavit and Disclosure

Bidders/Offerors shall complete and sign the Conflict of Interest Affidavit and Disclosure (**Attachment I**) and submit it with their Bid/Proposal. All Bidders/Offerors are advised that if a Contract is awarded as a result of this solicitation, the successful Contractor's personnel who perform or control work under this Contract and each of the participating subcontractor personnel who perform or control work under this Contract shall be required to complete agreements substantially similar to **Attachment I** Conflict of Interest Affidavit and Disclosure. For policies and procedures applying specifically to Conflict of Interests, the Contract is governed by COMAR 21.05.08.08.

1.37 Non-Disclosure Agreement

All Bidders/Offerors are advised that this solicitation and any resultant Contract(s) are subject to the terms of the Non-Disclosure Agreement (NDA) contained in this solicitation as **Attachment J**. This Agreement must be provided within five (5) Business Days of notification of proposed Contract award; however, to expedite processing, it is suggested that this document be completed and submitted with the Bid/Proposal.

1.38 HIPAA - Business Associate Agreement

Based on the determination by DHMH that the functions to be performed in accordance with this solicitation constitute Business Associate functions as defined in HIPAA, the recommended awardee shall execute a Business Associate Agreement as required by HIPAA regulations at 45 C.F.R. §164.501 and set forth in **Attachment K**. This Agreement must be provided within five (5) Business Days of notification of proposed Contract award; however, to expedite processing, it is suggested that this document be completed and submitted with the Bid/Proposal. Should the Business Associate Agreement not be submitted upon expiration of the five (5) Business Day period as required by this solicitation, the Procurement Officer, upon review of the Office of the Attorney General and approval of the Secretary, may withdraw the recommendation for award and make the award to the responsible Bidder/Offeror with the next lowest Bid or next highest overall-ranked Proposal.

1.39 Nonvisual Access

This solicitation does not contain Information Technology (IT) provisions requiring Nonvisual Access.

1.40 Mercury and Products That Contain Mercury

This solicitation does not include the procurement of products known to likely include mercury as a component.

1.41 Veteran-Owned Small Business Enterprise Goals

1.41.1 NOTICE TO BIDDERS/OFFERORS

Questions or concerns regarding the Veteran-Owned Small Business Enterprise (VSBE) subcontractor participation goal of this solicitation must be raised before the due date for submission of Bids/Proposals.

1.41.2 PURPOSE

The Contractor shall structure its procedures for the performance of the work required in this Contract to attempt to achieve the VSBE subcontractor participation goal stated in this solicitation. VSBE performance must be in accordance with this section and **Attachment M**, as authorized by COMAR 21.11.13. The Contractor agrees to exercise all good faith efforts to carry out the requirements set forth in this section and **Attachment M**.

1.41.3 VSBE GOALS

A VSBE subcontract participation goal of **0.5%** of the total Contract dollar amount has been established for this procurement. By submitting a response to this solicitation, the Bidder or Offeror agrees that this percentage of the total dollar amount of the Contract will be performed by verified veteran-owned small business enterprises.

1.41.4 SOLICITATION AND CONTRACT FORMATION

A Bidder/Offeror must include with its Bid/Proposal a completed Veteran-Owned Small Business Enterprise Utilization Affidavit and Subcontractor Participation Schedule (**Attachment M-1**) whereby:

- (1) the Bidder/Offeror acknowledges it: a) intends to meet the VSBE participation goal; or b) requests a full or partial waiver of the VSBE participation goal. If the Bidder/Offeror commits to the full VSBE goal or requests a partial waiver, it shall commit to making a good faith effort to achieve the stated goal.
- (2) the Bidder/Offeror responds to the expected degree of VSBE participation as stated in the solicitation, by identifying the specific commitment of VSBEs at the time of Bid/Proposal submission. The Bidder/Offeror shall specify the percentage of contract value associated with each VSBE subcontractor identified on the VSBE Participation Schedule.

If a Bidder/Offeror fails to submit Attachment M-1 with the Bid/Proposal as required, the Procurement Officer may determine that the Bid is non-responsive or that the Proposal is not reasonably susceptible of being selected for award.

Within 10 Business Days from notification that it is apparent awardee, the awardee must provide the following documentation to the Procurement Officer.

- (1) VSBE Project Participation Statement (**Attachment M-2**);
- (2) If the apparent awardee believes a full or partial waiver of the overall VSBE goal is necessary, it must submit a fully-documented waiver request that complies with COMAR 21.11.13.07; and
- (3) Any other documentation required by the Procurement Officer to ascertain Bidder/Offeror responsibility in connection with the VSBE subcontractor participation goal.

If the apparent awardee fails to return each completed document within the required time, the Procurement Officer may determine that the apparent awardee is not responsible and therefore not eligible for contract award.

1.41.5 CONTRACT ADMINISTRATION REQUIREMENTS

The Contractor, once awarded the Contract shall:

1. Submit monthly to the Department a report listing any unpaid invoices, over 45 days old, received from any VSBE subcontractor, the amount of each invoice, and the reason payment has not been made. (**Attachment M-3**)
2. Include in its agreements with its VSBE subcontractors a requirement that those subcontractors submit monthly to the Department a report that identifies the prime contract and lists all payments received from Contractor in the preceding 30 days, as well as any outstanding invoices, and the amount of those invoices. (**Attachment M-4**)

3. Maintain such records as are necessary to confirm compliance with its VSBE participation obligations. These records must indicate the identity of VSBE and non-VSBE subcontractors employed on the contract, the type of work performed by each, and the actual dollar value of work performed. The subcontract agreement documenting the work performed by all VSBE participants must be retained by the Contractor and furnished to the Procurement Officer on request.
4. Consent to provide such documentation as reasonably requested and to provide right-of-entry at reasonable times for purposes of the State's representatives verifying compliance with the VSBE participation obligations. The Contractor must retain all records concerning VSBE participation and make them available for State inspection for three years after final completion of the Contract.
5. At the option of the procurement agency, upon completion of the Contract and before final payment and/or release of retainage, submit a final report in affidavit form and under penalty of perjury, of all payments made to, or withheld from VSBE subcontractors.

1.42 Location of the Performance of Services Disclosure

This solicitation does not require a Location of the Performance of Services Disclosure.

1.43 Department of Human Resources (DHR) Hiring Agreement

This solicitation does not require a DHR Hiring Agreement.

1.44 Small Business Reserve (SBR) Procurement

This solicitation is not designated as a Small Business Reserve (SBE) Procurement.

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SECTION 2 – MINIMUM QUALIFICATIONS

2.1 Offeror Minimum Qualifications

This solicitation does not include Minimum Qualifications.

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SECTION 3 – SCOPE OF WORK

3.1 Background and Purpose

In addition to the purpose of this solicitation is set forth in Section 1.1, DDA funds services that support people with developmental disabilities throughout the state of Maryland. The DDA divides the state into four regions: Central (includes Anne Arundel, Baltimore, Howard and Harford Counties and Baltimore City); Eastern (includes Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, Worcester Counties); Southern (includes Calvert, Charles, Montgomery, Prince George's, and St. Mary's Counties); and Western (includes Allegany, Carroll, Frederick, Garrett, and Washington Counties). DHMH will provide the Contractor with a list of all DDA-licensed providers at the time it provides the names for the face-to-face and mail-in surveys.

3.2 Scope of Work - Requirements

The Contractor shall perform face-to-face adult consumer surveys in addition to mail-in surveys of families who have a family member with a disability. The Contractor shall enter survey data into a web-based data entry system (ODESA) (See Section 1.2 for definition). For face-to-face surveys, the Contractor shall compare data obtained from survey questions 1-70 (included in **Attachment Q**) to historical data obtained through an identical survey administered during previous fiscal years. For mail-in surveys, the Contractor can expect survey forms similar to those in **Attachment R** used in 2012-2013. During the Contract period, the Contractor will do one (1) phase of face-to-face and mail-in surveying and data entry of survey results.

The face-to-face and mail-in surveys and data entry period is between 07/01/2015 and 06/30/2016. The Contractor shall finalize its draft work plan submitted with its proposal (see Section 4.4.2.6.b), based on the Task & Timeline Chart (**See Attachment P**), describing how the Contractor will administer face-to-face and mail-in surveys, and submit its final Work Plan to the Department by fifteen (15) days after Contract Commencement. The Work Plan with proposed tasks and deliverables will describe the work to be done between 07/01/2015 and 06/30/2016 with the Contractor's plan for when and how deliverables identified in Attachment P will be completed each month. The Contractor's Project Director will attend the Department's quarterly Quality Advisory Council meeting, which is tentatively scheduled for July 15, 2015, to present its Work Plan and survey process. The Council will evaluate the process and make recommendations. Within one week after the Contract is awarded, the Contractor shall schedule and hold a meeting with the Department via the Contract Monitor to discuss expectations of the Work Plan for the Contract period. The planning and implementation activities shall begin on the Go-Live Date (See Section 1.2 d). The Contractor shall develop subsequent implementation strategies with input from the Quality Advisory Council.

3.2.1 Survey Sample

3.2.1.1 Face-to-face surveys: The Contractor shall collect 400 face-to-face surveys during the Base Contract Period. By July 14, 2015, the Contract Monitor will provide the Contractor with a list of 1,000 people including their contact information, to be used as a survey source during the Contract Period. The Contractor will randomly select names from the list of people to survey, and the selection must cover every county that DHMH serves (see Section 3.1 for list of counties served by DHMH) both during the Base Contract Period. The Contractor shall submit the survey random sampling methodology for the Base Contract Period to the Contract Monitor for review and approval within 10 Business Days of receiving the contact list from the Contract Monitor. The Contractor shall make any revisions requested by the Contract Monitor within 5 Business Days. The Contract Monitor must approve the methodology before selecting prospective interviewees. Should the random sampling methodology change after the Base Contract Period and the Department exercises Option Period 1 or Option Period 1 and 2, a new methodology should be submitted for review and approval prior to beginning each Option Period. The Contractor shall submit the survey random sampling methodology for each Option Period to the Contract Monitor for review and approval within 10 Business Days of receiving the contact list from the Contract Monitor. The Contractor shall make any revisions requested by the Contract Monitor within 5 Business Days. At the beginning of each Option Period exercised, DHMH will provide the Contractor with lists of 1,000 people, including their contact information, to be used as a contact source by July 15th of each Option Period. The Contractor's selection must cover every

county that DHMH services during any Option Period of the Contract, if exercised. Should the lists of 1,000 people prove to be insufficient to complete 400 surveys in the Base Contract Period or either Contract Option Period if exercised, the Contractor may make a second attempt to achieve the desired completed surveys in random order from the existing list originally provided by DHMH or request a new list of contacts from the Contract Monitor.

- A. Base Contract Period: Between July 1, 2015, and March 31, 2016, the Contractor shall complete 400 interviews of people from the first list using a standard survey/interview instrument that includes the questions in **Attachment Q**.
- B. Option Period 1, if exercised: Between July 15, 2016, and May 31, 2017, the Contractor shall interview a new set of 400 people under the same conditions explained above.
- C. Option Period 2, if exercised: Between July 15, 2017, and May 31, 2018, the Contractor shall interview a new set 400 people under the same conditions explained above.

3.2.1.2 Mail-in surveys of families who have a family member with a disability: By July 15, 2015, the Contract Monitor will provide the Contractor with the first regionally diverse list of 3,000 families, and their contact information, to send a standard survey by standard mail service. An updated list will be provided to the Contractor for each Option Period, if exercised. The Contractor, with approval from the Contract Monitor, will develop a process for using an electronic online tool or electronic option for responses to surveys, in place of hand writing responses and returning the hard copy survey by standard mail.

- A. Base Contract Period: Between July 15, 2015, and June 30, 2016, the Contractor shall mail 3,000 surveys to families with instructions for the families to return the completed survey to the Contractor by mail. The Contractor must achieve a minimum return rate on the initial mailing of 3,000 surveys of at least 40%, which would yield 1,200 responses. If the Contractor does not have a 40% return rate by April 15, 2016, the Contractor shall initiate telephone or mail follow up contact with families that did not respond with a completed survey. The Contract Monitor will help the Contractor to draft a follow up letter signed by the DDA Director which complies with Protected Health Information as defined in the HIPAA regulations at 45 C.F.R. 160.103 and 164.501. Ultimately, the Contractor must implement follow up activities that will yield a return rate of $\geq 40\%$. The Contractor is responsible for all costs associated with printing and mailing these surveys, including any necessary follow-up.
- B. Option Period 1, if exercised: Between July 15, 2016, and May 31, 2017, the Contractor shall mail the standard survey to 3,000 families with instructions for the families to return the completed survey to the Contractor by mail. The Contractor must achieve a minimum return rate on the mailing of 3,000 surveys of $\geq 40\%$, which would yield 1,200 responses. The same conditions as Sec 3.2.1.2A apply except the 40% return rate deadline is April 15, 2017.
- C. Option Period 2, if exercised: Between July 15, 2017, and May 31, 2018, the Contractor shall mail the standard survey to 3,000 families with instructions for the families to return the completed survey to the Contractor by mail. The minimum return rate on the mailing of 3,000 surveys is $\geq 40\%$, which would yield 1,200 responses. The same conditions as Sec 3.2.1.2A apply except the 40% return rate deadline is April 15, 2018.

3.2.2 Survey Instrument

3.2.2.1 Face-to-face surveys: DHMH will provide the Contractor with a standard survey/interview instrument based upon a combination of DHMH's current survey questions and the National Core Indicators (NCI). (For sample purposes only, see **Attachment Q, "QOL Survey Instruments and National Core Indicators**

(NCI) Domains and Outcomes.”) The Contractor shall use the standard survey to obtain information directly from 400 adults with developmental disabilities during contract and, if exercised, Option Period 1 and Option Period 2, concerning the extent to which the services they receive result in outcomes that are valued by people receiving DDA-funded services. A copy of the form used by the current vendor is included in **Attachment Q**.

3.2.2.2 Mail-in surveys of families who have a family member with a disability: DHMH will provide the Contractor with three distinct survey instruments for families who have a family member with a disability: (a) a survey of families who have an adult family member with a developmental disability who lives with them; (b) a survey of families/guardians whose adult family member with a developmental disability is in residential placement; and, (c) a survey of families who have a child with a developmental disability who lives with them. (See **Attachment R** for samples of 2012-2013 surveys). The Contractor shall solicit information directly from 3,000 families during the Base Contract Period, and, if exercised, Option Period 1 and Option Period 2, concerning Maryland DDA’s responsiveness to their needs, quality of services, and their overall satisfaction (see Section 3.2.1.2).

3.2.2.3 The content of each survey instrument provided must be approved by DHMH’s Institutional Review Board¹. The Contractor shall contact DHMH’s Institutional Review Board to obtain approval of the survey instruments. Approval of the survey instrument(s) takes up to (four) 4 weeks.

3.2.3 Assessment/Administration of the Survey

3.2.3.1 A majority (>50%) of the interviewers employed by the Contractor shall be people with developmental disabilities. All interviewers must be trained so that there is 85% inter-rater reliability. The Contractor’s Procedures Manual required by Sec 3.2.3.8B shall include the process to show the inter-rater reliability requirement is met.

3.2.3.2 DHMH, in conjunction with the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI) Project Team, will provide orientation to the Contractor, provide interviewer training, describe the operation of the web-based data entry system (ODESA), and offer additional information on the project. The Contractor’s employees shall complete this training prior to conducting face-to-face surveys. The Contractor shall complete orientation and training in consultation with the Contract Monitor and at the times and locations as directed by the Contract Monitor.

3.2.3.3 Face-to-face surveys: The Contractor shall schedule interviews with adults with developmental disabilities. The interviews shall be conducted at a time and location that is convenient to the interviewee. Each person must be their own respondent. Proxy interviews are not permitted in lieu of face-to-face interviews with individuals receiving DDA funded services. Interviewers must conduct the face-to-face interview with a person receiving DDA-funded services and collect that person’s background information from records.² The Contractor shall carry out periodic inter-rater reliability assessments to ensure consistency in data collection.

3.2.3.4 The Contractor shall enter data from the face-to-face surveys into NCI’s online data entry system (ODESA).

¹ The Maryland Department of Health and Mental Hygiene (DHMH) Institutional Review Board (IRB) is responsible for reviewing and approving all proposed research projects involving human subjects, covered by 45 Code of Federal Regulations (CFR) Part 46, occurring in any DHMH facility. Projects involving data collection in which there is identifiable linkage to the subject or involving physical, social, psychological, or privacy risks to the subject require IRB review. The IRB is charged with the responsibility of determining if a project qualifies as being exempt from IRB review requirements. More information can be found on the IRB at: <http://dhmh.maryland.gov/oig/irb/>.

² Licensees maintain records for each individual receiving DDA funding at the site where the individual is being served. Records include a person’s identifying information, emergency contact person, names of the individual’s next of kin, individual’s physician, individual’s current diagnosis, and individual plan for services.

- A. Contract Period: The 400 interviews conducted must be entered into ODESA on or before May 31, 2016.
- B. Option Period 1, if exercised: The 400 interviews conducted must be entered into ODESA on or before May 31, 2017.
- C. Option Period 2, if exercised: The 400 interviews conducted must be entered into ODESA on or before May 31, 2018.

3.2.3.5 For surveys conducted in accordance with Section 3.2.1.2, the Contractor shall be responsible for postage to mail the surveys and return postage from families who have a family member with a disability. The Contractor shall distribute mail-in surveys, gather, and process the NCI data.

3.2.3.6 The Contractor shall enter data from the mail-in surveys into NCI's online data entry system (ODESA).

- A. Base Contract Period: The Contractor must enter at least 1,200 completed surveys into ODESA on or before June 31, 2016.
- B. Option Period 1: The Contractor must enter at least 1,200 completed surveys into ODESA on or before June 31, 2017.
- C. Option Period 2: The Contractor must enter at least 1,200 completed surveys into ODESA on or before June 31, 2018.

3.2.3.7 Administrative requirements of the Contractor include:

- A. The Contractor shall have a policy that addresses conflict of interest. This policy must be submitted within 5 Business Days of Contract Commencement. The policy must contain a prohibition against working with subcontractors with conflicts of interest as well as a procedure for resolving any conflicts that arise after work under the Contract begins.
- B. Within 30 days after Contract Commencement, the Contractor shall provide a procedural manual that describes:
 - 1.) Survey scheduling;
 - 2.) The notification of participant/guardian. Notification shall include the use of a standard form developed by the Contractor that describes the purpose of the interview, obtaining consent from the interviewee and informing the interviewee of the confidentiality of their personal information and responses.
 - 3.) The Interview process, specifically how the Contractor carries out periodic inter-rater reliability assessments to insure consistency in data collection;
 - 4.) The Interview process, specifically how the Contractor will address non-response;
 - 5.) Tracking of data to assure that the Contractor is averaging at least 40 completed face-to-face interviews per month during the contract period, and, if exercised, Option Period 1 and Option Period 2;
 - 6.) Sharing of data and information with the Department;
 - 7.) Interviewer training and technical assistance; and
 - 8.) Confidentiality and interviewee protection.

The procedural manual will be subject to the written approval of the Contract Monitor. A rejected procedural manual shall be resubmitted for approval within 20 days of written notice by the Contract Monitor. The Contractor may not begin any work tasks until the manual is approved and notified by the Contractor Monitor.

C. The Contractor shall provide DHMH with a monthly status report. Except for the first report, this report is to be submitted with each monthly invoice (Section 3.6). The first report is due on the 15th of the second month after the Go-Live Date. The report shall include the following information:

- 1.) Attempts to schedule interviews. Include evidence that reflects method, time period, and response (as applicable) to the Contractor's attempts (e.g. phone, letter);
- 2.) Monthly and total number of interviews completed;
- 3.) Evidence that the interviewees received the following information prior to the interview:
 - Purpose of Interview;
 - Consent to participate; and
 - Confidentiality statement.
- 4) The number of, and reason for, referrals to appropriate reporting entities per Maryland's DDA Policy on Reportable Incidents³. The Contractor shall make referrals to the appropriate State agency upon noting abuse, neglect, misappropriation, and serious health and welfare concerns found during the interview process. The abuse, neglect, misappropriation, and serious health and welfare concerns should also be reported to the Office of Health Care Quality (OHCQ) using the Complaint Report Form at the following link; <http://dhmh.maryland.gov/ohcq/SitePages/Complaint%20Form.aspx>. See **Attachment S--OHCQ Complaint Report Form**.

3.2.3.8 The Contractor shall:

- A. Attend and provide feedback and recommendations based on all Quality Advisory Council meetings relevant to the Contract and provide the minutes to the Contract Monitor within a week after the meeting, and
- B. Carbon copy the Contract Monitor on any emails or other correspondence from or to the Quality Advisory Council.

3.2.4 Data Analysis and Dissemination

3.2.4.1 The Contractor must use the standard data entry formats and instructions provided by NCI for the survey data. These formats and instructions are provided by NCI in their ODESA data entry system User Manual and will be accessible to the Contractor when the Contractor registers to use the system.

3.2.4.2 The Contractor shall collect all survey items in the background information section (except for those listed as "optional") for the face-to-face survey. The Contractor shall enter raw data and submit complete data files to HSRI in accordance with established timelines.

3.2.4.3 The Contractor shall use the current survey instrument provided by the National Core Indicators (NCI). (See Attachment Q for sample purposes.) NCI data is analyzed by the National Association of State Directors of Developmental Disabilities Services (NASDDDS)/Human Services Research Institute (HSRI) Project team. The Contractor shall submit an end-of-phase report to the DDA Contract Monitor within 30 days after the end of the Base Contract Period and, if exercised, Option Period 1 and Option Period 2 respectively. The end-of-phase reports shall analyze and summarize the services performed on the project. It shall detail the number of interviews and surveys completed versus surveys scheduled/mailed out, issues/complications, consumer feedback, successful strategies, and suggestions for improvement by either the Contractor or DDA.

3.2.4.4 The Contractor shall meet with the Contract Monitor and any other DDA staff as needed due to project complications or performance problems, but at least every 6 months in person or, if approved by the Contract Monitor, by teleconference to report on progress in meeting Contract deliverables, discuss

³ Maryland's DDA Policy on Reportable Incidents (PORI) is available at: <http://dda.dhmh.maryland.gov/SitePages/policies.aspx>

recommended changes or modifications to the assessment instrument, sampling methodology or data analysis and any other issues pertaining to the implementation of this Contract. Meetings will be held at DDA Headquarters office at 201 W. Preston St. Baltimore, MD 21201, unless a teleconference meeting is approved.

3.2.4.5 Before the last day of the Contract and before final payment will be made, the Contractor shall submit all source files, written surveys, survey subject lists, and completed surveys to the Contract Monitor.

3.2.5 Personnel Requirements

3.2.5.1 The Contractor shall provide for this Contract a Project Director with five years of experience in public sector quality satisfaction surveys for people with disabilities. The Project Director will manage a staff of interviewers and be the contact person for the Department Contract Monitor. The Project Director shall lead the organization of distributing 3,000 mail-in surveys, per year, to families in Maryland, as well as direct the completion of 400 face-to-face interviews, per year, of people with disabilities. The Project Director is designated as Key Person and is subject to the substitution requirements specified in RFP Section 1.23.

3.2.5.2 In addition to the Project Director specified in Section 3.2.5.1, the Contractor shall provide survey interview personnel with a minimum of three years of experience within the last five years in public sector quality satisfaction survey of people with disabilities. Each survey interviewer's experience should include conducting quality satisfaction survey interviews with developmentally disabled individuals. All survey interview personnel are designated as Key Personnel and subject to the substitution requirements specified in RFP Section 1.23. The Contractor shall provide resumes to the Contract Monitor for any survey interviewers it proposes to work under the Contract whose resumes were not included with the Contractor's Technical Proposal (see Section 4.4.2.7).

3.3 Security Requirements

3.3.1 Employee Identification

- (a) Each person who is an employee or agent of the Contractor or subcontractor shall display his or her company ID badge at all times while on State premises. Upon request of authorized State personnel, each such employee or agent shall provide additional photo identification.
- (b) At all times at any facility, the Contractor's personnel shall cooperate with State site requirements that include but are not limited to being prepared to be escorted at all times, providing information for badge issuance, and wearing the badge in a visual location at all times.

3.3.2 Information Technology

- (a) Contractors shall comply with and adhere to the State IT Security Policy and Standards. These policies may be revised from time to time and the Contractor shall comply with all such revisions. Updated and revised versions of the State IT Policy and Standards are available online at: www.doit.maryland.gov – keyword: Security Policy.
- (b) The Contractor shall not connect any of its own equipment to a State LAN/WAN without prior written approval by the State. The Contractor shall complete any necessary paperwork as directed and coordinated with the Contract Monitor to obtain approval by the State to connect Contractor-owned equipment to a State LAN/WAN.

3.3.3 Criminal Background Check

The Contractor shall obtain from each prospective employee a signed statement permitting a criminal background check. The Contractor shall secure at its own expense a Maryland State Police and/or FBI background check and shall provide the Contract Monitor with completed checks on all new employees prior

to assignment. The Contractor may not assign an employee with a criminal record unless prior written approval is obtained from the Contract Monitor.

3.4 Insurance Requirements

- 3.4.1 The Contractor shall maintain Commercial General Liability Insurance with limits sufficient to cover losses resulting from, or arising out of, Contractor action or inaction in the performance of the Contract by the Contractor, its agents, servants, employees, or subcontractors, but no less than a Combined Single Limit for Bodily Injury, Property Damage, and Personal and Advertising Injury Liability of \$1,000,000 per occurrence and \$3,000,000 aggregate.
- 3.4.2 The Contractor shall maintain Errors and Omissions/Professional Liability insurance with minimum limits of \$1,000,000 per occurrence.
- 3.4.3 The Contractor shall maintain Automobile and/or Commercial Truck Insurance as appropriate with Liability, Collision, and PIP limits no less than those required by the State where the vehicle(s) is registered, but in no case less than those required by the State of Maryland.
- 3.4.4 The Contractor shall maintain Employee Theft Insurance with minimum limits of \$1,000,000 per occurrence.
- 3.4.5 Within five (5) Business Days of recommendation for Contract award, the Contractor shall provide the Contract Monitor with current certificates of insurance, and shall update such certificates from time to time but no less than annually in multi-year contracts, as directed by the Contract Monitor. Such copy of the Contractor's current certificate of insurance shall contain at minimum the following:
 - a. Workers' Compensation – The Contractor shall maintain such insurance as necessary and/or as required under Workers' Compensation Acts, the Longshore and Harbor Workers' Compensation Act, and the Federal Employers' Liability Act.
 - b. Commercial General Liability as required in Section 3.4.1.
 - c. Errors and Omissions/Professional Liability as required in Section 3.4.2.
 - d. Automobile and/or Commercial Truck Insurance as required in Section 3.4.3.
 - e. Employee Theft Insurance as required in Section 3.4.4.
- 3.4.6 The State shall be listed as an additional insured on the policies with the exception of Worker's Compensation Insurance and Professional Liability Insurance. All insurance policies shall be endorsed to include a clause that requires that the insurance carrier provide the Contract Monitor, by certified mail, not less than 45 days' advance notice of any non-renewal, cancellation, or expiration. In the event the Contract Monitor receives a notice of non-renewal, the Contractor shall provide the Contract Monitor with an insurance policy from another carrier at least 30 days prior to the expiration of the insurance policy then in effect. All insurance policies shall be with a company licensed by the State to do business and to provide such policies.
- 3.4.7 The Contractor shall require that any subcontractors providing services under this Contract obtain and maintain similar levels of insurance and shall provide the Contract Monitor with the same documentation as is required of the Contractor.

3.5 Problem Escalation Procedure

- 3.5.1 The Contractor must provide and maintain a Problem Escalation Procedure (PEP) for both routine and emergency situations. The PEP must state how the Contractor will address problem situations as they occur

during the performance of the Contract, especially problems that are not resolved to the satisfaction of the State within appropriate timeframes.

The Contractor shall provide contact information to the Contract Monitor, as well as to other State personnel, as directed should the Contract Monitor not be available.

- 3.5.2 The Contractor must provide the PEP no later than ten (10) Business Days after notice of Contract award or after the date of the Notice to Proceed, whichever is earlier. The PEP, including any revisions thereto, must also be provided within ten (10) Business Days after the start of each Contract year and within ten (10) Business Days after any change in circumstance which changes the PEP. The PEP shall detail how problems with work under the Contract will be escalated in order to resolve any issues in a timely manner. The PEP shall include:

- The process for establishing the existence of a problem;
- The maximum duration that a problem may remain unresolved at each level in the Contractor's organization before automatically escalating the problem to a higher level for resolution;
- Circumstances in which the escalation will occur in less than the normal timeframe;
- The nature of feedback on resolution progress, including the frequency of feedback to be provided to the State;
- Identification of, and contact information for, progressively higher levels of personnel in the Contractor's organization who would become involved in resolving a problem;
- Contact information for persons responsible for resolving issues after normal business hours (e.g., evenings, weekends, holidays, etc.) and on an emergency basis; and
- A process for updating and notifying the Contract Monitor of any changes to the PEP.

Nothing in this section shall be construed to limit any rights of the Contract Monitor or the State which may be allowed by the Contract or applicable law.

3.6 Invoicing

3.6.1 General

- (a) All invoices for services shall be signed by the Contractor and submitted to the Contract Monitor. All invoices shall include the following information:
- Contractor name;
 - Remittance address;
 - Federal taxpayer identification number (or if sole proprietorship, the individual's social security number);
 - Invoice period;
 - Invoice date;
 - Invoice number;
 - State assigned Contract number;
 - State assigned (Blanket) Purchase Order number(s);
 - Services delivered provided in the form of a Monthly Status Report (Sec. 3.2.3.8(C)) in order to validate the work performed.
 - Amount due. The amount shall be the total price proposed in Attachment F for each defined period divided by the number of months in the period.

Invoices submitted without the required information cannot be processed for payment until the Contractor provides the required information.

- (b) The Department reserves the right to reduce or withhold Contract payment in the event the Contractor does not provide the Department with all required deliverables within the time frame specified in the Contract or in the event that the Contractor otherwise materially breaches the terms and conditions of the Contract until such time as the Contractor brings itself into full compliance with the Contract. Any action on the part of the Department, or dispute of action by the Contractor, shall be in accordance with the provisions of Md. Code Ann., State Finance and Procurement Article §§ 15-215 through 15-223 and with COMAR 21.10.02.

3.6.2 Invoice Submission Schedule

The Contractor shall sign and submit invoices to the Contract Monitor no later than the last day of the month following the month in which service was provided. The Contractor shall bill for the total price for each defined period divided by the number of months in the period, (see Contractor's Financial Proposal Form, Attachment F.) Final payment will be withheld pending completion of mail in surveys, face-to-face surveys, all data entered into ODESA, and completion of final report as described in Section 3.2.4.3, for the Base Contract Period, Option Period 1, if exercised, and Option Period 2, if exercised.

3.7 MBE Reports

If this solicitation includes a MBE Goal (see Section 1.33), the Contractor and its MBE subcontractors shall provide the following MBE Monthly Reports based upon the commitment to the goal:

- (a) **Attachment D-4**, the MBE Participation Prime Contractor Paid/Unpaid MBE Invoice Report by the 10th of the month following the reporting period to the Contract Monitor and the MBE Liaison Officer.
- (b) **Attachment D-5**, the MBE Participation Subcontractor Paid/Unpaid MBE Invoice Report by the 10th of the month following the reporting period to the Contract Monitor and the MBE Liaison Officer.

3.8 VSBE Reports

If this solicitation includes a VSBE Goal (see Section 1.41), the Contractor and its VSBE subcontractors shall provide the following VSBE Monthly Reports based upon the commitment to the goal:

- (a) **Attachment M-3**, the VSBE Participation Prime Contractor Paid/Unpaid VSBE Invoice Report by the 10th of the month following the reporting period to the Contract Monitor and the VSBE Liaison Officer.
- (b) **Attachment M-4**, the VSBE Participation Subcontractor Paid/Unpaid VSBE Invoice Report by the 10th of the month following the reporting period to the Contract Monitor and the VSBE Liaison Officer.

3.9 SOC 2 Type II Audit Report

A SOC 2 Type II Report is not a Contractor requirement for this Contract.

3.10 End of Contract Transition

The Contractor shall cooperate in the orderly transition of services from the Contract awarded under this solicitation to any subsequent contract for similar services. The transition period shall begin ninety (90) days before the Contract end date, or the end date of any final exercised option or contract extension. The Contractor shall work toward a prompt and timely transition, proceeding in accordance with the directions of the Contract Monitor. The Contract Monitor may provide the Contractor with additional instructions to meet specific transition requirements prior to the end of Contract.

SECTION 4 – PROPOSAL FORMAT

4.1 Two Part Submission

Offerors shall submit Proposals in separate volumes:

- Volume I – TECHNICAL PROPOSAL
- Volume II – FINANCIAL PROPOSAL

4.2 Proposals

4.2.1 Volume I – Technical Proposal, and Volume II – Financial Proposal shall be sealed separately from one another. It is preferred, but not required, that the name, email address, and telephone number of the Offeror be included on the outside of the packaging for each volume. Each Volume shall contain an unbound original, so identified, and five (5) copies. Unless the resulting package will be too unwieldy, the State's preference is for the two (2) sealed Volumes to be submitted together in a single package including a label bearing:

- The RFP title and number,
- Name and address of the Offeror, and
- Closing date and time for receipt of Proposals

To the Procurement Officer (see Section 1.5) prior to the date and time for receipt of Proposals (see Section 1.11 "Proposals Due (Closing) Date and Time").

4.2.2 An electronic version (CD or DVD) of the Technical Proposal in Microsoft Word format must be enclosed with the original Technical Proposal. An electronic version (CD or DVD) of the Financial Proposal in Microsoft Word or Microsoft Excel format must be enclosed with the original Financial Proposal. CD/DVDs must be labeled on the outside with the RFP title and number, name of the Offeror, and volume number. CD/DVDs must be packaged with the original copy of the appropriate Proposal (Technical or Financial).

4.2.3 A second electronic version of Volume I and Volume II in searchable Adobe .pdf format shall be submitted on CD or DVD for Public Information Act (PIA) requests. This copy shall be redacted so that confidential and/or proprietary information has been removed (see Section 1.14 "Public Information Act Notice").

4.2.4 All pages of both proposal volumes shall be consecutively numbered from beginning (Page 1) to end (Page "X").

4.2.5 Proposals and any modifications to Proposals will be shown only to State employees, members of the Evaluation Committee, or other persons deemed by the Department to have a legitimate interest in them.

4.3 Delivery

Offerors may either mail or hand-deliver Proposals.

4.3.1 For U.S. Postal Service deliveries, any Proposal that has been received at the appropriate mailroom, or typical place of mail receipt, for the respective procuring unit by the time and date listed in the RFP will be deemed to be timely. If an Offeror chooses to use the U.S. Postal Service for delivery, the Department recommends that it use Express Mail, Priority Mail, or Certified Mail only as these are the only forms for which both the date and time of receipt can be verified by the Department. An Offeror using first class mail will not be able to prove a timely delivery at the mailroom, and it could take several days for an item sent by first class mail to make its way by normal internal mail to the procuring unit.

- 4.3.2 Hand-delivery includes delivery by commercial carrier acting as agent for the Offeror. For any type of direct (non-mail) delivery, Offerors are advised to secure a dated, signed, and time-stamped (or otherwise indicated) receipt of delivery.
- 4.3.3 After receipt, a Register of Proposals will be prepared that identifies each Offeror. The Register of Proposals will be open to inspection only after the Procurement Officer makes a determination recommending the award of the Contract.

4.4 Volume I – Technical Proposal

Note: No pricing information is to be included in the Technical Proposal (Volume I). Pricing information is to be included only in the Financial Proposal (Volume II).

4.4.1 Format of Technical Proposal

Inside a sealed package described in Section 4.2 “Proposals,” the unbound original, five (5) copies, and the electronic version shall be provided. The RFP sections are numbered for ease of reference. Section 4.4.2 sets forth the order of information to be provided in the Technical Proposal, e.g., Section 4.4.2.1 “Title and Table of Contents,” Section 4.4.2.2 “Claim of Confidentiality,” Section 4.4.2.3 “Transmittal Letter,” Section 4.4.2.4 “Executive Summary,” etc. In addition to the instructions below, responses in the Offeror’s Technical Proposal should reference the organization and numbering of Sections in the RFP (ex. “Section 3.2.1 Response . . . ; “Section 3.2.2 Response . . .,” etc.). This Proposal organization will allow State officials and the Evaluation Committee (see RFP Section 5.1) to “map” Offeror responses directly to RFP requirements by Section number and will aid in the evaluation process.

4.4.2 The Technical Proposal shall include the following documents and information in the order specified as follows. Each section of the Technical Proposal shall be separated by a TAB as detailed below:

4.4.2.1 Title Page and Table of Contents (Submit under TAB A)

The Technical Proposal should begin with a Title Page bearing the name and address of the Offeror and the name and number of this RFP. A Table of Contents shall follow the Title Page for the Technical Proposal, organized by section, subsection, and page number.

4.4.2.2 Claim of Confidentiality (If applicable, submit under TAB A-1)

Any information which is claimed to be confidential is to be noted by reference and included after the Title Page and before the Table of Contents, and if applicable, also in the Offeror’s Financial Proposal. An explanation for each claim of confidentiality shall be included (see Section 1.14 “Public Information Act Notice”). The entire Proposal cannot be given a blanket confidentiality designation. Any confidentiality designation must apply to specific sections, pages, or portions of pages of the Proposal.

4.4.2.3 Transmittal Letter (Submit under TAB B)

A Transmittal Letter shall accompany the Technical Proposal. The purpose of this letter is to transmit the Proposal and acknowledge the receipt of any addenda. The Transmittal Letter should be brief and signed by an individual who is authorized to commit the Offeror to the services and requirements as stated in this RFP. The Transmittal Letter should include the following:

- Name and address of the Offeror;
- Name, title, e-mail address, and telephone number of primary contact for the Offeror;

- Solicitation Title and Solicitation Number that the Proposal is in response to;
- Signature, typed name, and title of an individual authorized to commit the Offeror to its Proposal;
- Federal Employer Identification Number (FEIN) of the Offeror, or if a single individual, that individual's Social Security Number (SSN);
- Offeror's eMM number;
- Offeror's MBE certification number (if applicable);
- Acceptance of all State RFP and Contract terms and conditions (see Section 1.24); if any exceptions are taken, they are to be noted in the Executive Summary (see Section 4.4.2.4); and
- Acknowledgement of all addenda to this RFP.

4.4.2.4 Executive Summary (Submit under TAB C)

The Offeror shall condense and highlight the contents of the Technical Proposal in a separate section titled "Executive Summary." The Summary should identify the Service Category(ies) and Region(s) for which the Offeror is proposing to provide services (if applicable). The Summary shall also identify any exceptions the Offeror has taken to the requirements of this RFP, the Contract (Attachment A), or any other attachments. Exceptions to terms and conditions may result in having the Proposal deemed unacceptable or classified as not reasonably susceptible of being selected for award.

If the Offeror has taken no exceptions to the requirements of this RFP, the Executive Summary shall so state.

4.4.2.5 Minimum Qualifications Documentation (If applicable, Submit under TAB D)

The Offeror shall submit any Minimum Qualifications documentation that may be required, as set forth in Section 2 "Offeror Minimum Qualifications."

4.4.2.6 Offeror Technical Response to RFP Requirements and Proposed Work Plan (Submit under TAB E)

- a. The Offeror shall address each Scope of Work requirement (Section 3.2) in its Technical Proposal and describe how its proposed services, including the services of any proposed subcontractor(s), will meet or exceed the requirement(s). If the State is seeking Offeror agreement to any requirement(s), the Offeror shall state its agreement or disagreement. Any paragraph in the Technical Proposal that responds to a Scope of Work (Section 3.2) requirement shall include an explanation of how the work will be done. Any exception to a requirement, term, or condition may result in having the Proposal classified as not reasonably susceptible of being selected for award or the Offeror deemed not responsible.
- b. The Offeror shall give a definitive description of the proposed plan to meet the requirements of the RFP, i.e., a Work Plan. The Work Plan shall include the specific methodology and techniques to be used by the Offeror in providing the required services as outlined in RFP Section 3, Scope of Work. The description shall include an outline of the overall management concepts employed by the Offeror and a project management plan, including project control mechanisms and overall timelines. Project deadlines considered contract deliverables must be recognized in the Work Plan. As part of the Offeror's Work Plan, the Offeror shall submit its draft plan based on the Task & Timeline Chart (**See Attachment P**), describing how the Contractor will administer face-to-face and mail-in surveys as required in Section 3.2.

- c. The Offeror shall identify the location(s) from which it proposes to provide the services, including, if applicable, any current facilities that it operates, and any required construction to satisfy the State's requirements as outlined in this RFP.
- d. The Offeror must provide a draft Problem Escalation Procedure (PEP) that includes, at a minimum, titles of individuals to be contacted by the Department's Contract Monitor should problems arise under the Contract and explain how problems with work under the Contract will be escalated in order to resolve any issues in a timely manner. Final procedures must be submitted as indicated in RFP Section 3.5.
- e. The Offeror shall provide a draft Conflict of Interest policy that meets the requirements of Sec 3.2.3.8A. The final policy to be submitted by the selected Offeror shall be substantially the same as the draft submission.
- f. The Offeror shall submit a draft procedural manual that meets the requirements of Sec 3.2.3.8B. The final procedural manual to be submitted by the selected Offeror shall be substantially the same as the draft submission unless otherwise approved by the Contract Monitor

4.4.2.7 Experience and Qualifications of Proposed Staff (Submit under TAB F)

The Offeror shall identify the number and types of staff proposed to be utilized under the Contract.

The Offeror shall describe in detail how the proposed staff's experience and qualifications relate to their specific responsibilities, including any staff of proposed subcontractor(s), as detailed in the Work Plan. The Offeror shall include individual resumes for the key personnel, including key personnel for any proposed subcontractor(s), who are to be assigned to the project if the Offeror is awarded the Contract. Each resume should include the amount of experience the individual has had relative to the Scope of Work set forth in this solicitation. The Offeror shall provide a current resume and letters of reference for the Project Director (see Section 3.2.5.1) indicating the required levels of experience and resumes for Survey Interview Personnel (see Section 3.2.5.2). Letters of intended commitment to work on the project, including letters from any proposed subcontractor(s), shall be included in this section.

The Offeror shall provide an Organizational Chart outlining personnel and their related duties. The Offeror shall include job titles and the percentage of time each individual will spend on his/her assigned tasks. Offerors using job titles other than those commonly used by industry standards must provide a crosswalk reference document.

4.4.2.8 Offeror Qualifications and Capabilities (Submit under TAB G)

The Offeror shall include information on past experience with similar projects and/or services. The Offeror shall describe how its organization can meet the requirements of this RFP and shall also include the following information:

- a. The number of years the Offeror has provided the similar services;
- b. The number of clients/customers and geographic locations that the Offeror currently serves;
- c. The names and titles of headquarters or regional management personnel who may be involved with supervising the services to be performed under this Contract;

- d. The Offeror's process for resolving billing errors; and
- e. An organizational chart that identifies the complete structure of the Offeror including any parent company, headquarters, regional offices, and subsidiaries of the Offeror.

4.4.2.9 References (Submit under TAB H)

At least three (3) references are requested from customers who are capable of documenting the Offeror's ability to provide the services specified in this RFP. References used to meet any Offeror Minimum Qualifications (see Section 2) may be used to meet this request. Each reference shall be from a client for whom the Offeror has provided services within the past five (5) years and shall include the following information:

- a. Name of client organization;
- b. Name, title, telephone number, and e-mail address, if available, of point of contact for client organization; and
- c. Value, type, duration, and description of services provided.

The Department reserves the right to request additional references or utilize references not provided by an Offeror.

4.4.2.10 List of Current or Prior State Contracts (Submit under TAB I)

Provide a list of all contracts with any entity of the State of Maryland for which the Offeror is currently performing services or for which services have been completed within the last five (5) years. For each identified contract, the Offeror is to provide:

- a. The State contracting entity;
- b. A brief description of the services/goods provided;
- c. The dollar value of the contract;
- d. The term of the contract;
- e. The State employee contact person (name, title, telephone number, and, if possible, e-mail address); and
- f. Whether the contract was terminated before the end of the term specified in the original contract, including whether any available renewal option was not exercised.

Information obtained regarding the Offeror's level of performance on State contracts will be used by the Procurement Officer to determine the responsibility of the Offeror and considered as part of the experience and past performance evaluation criteria of the RFP.

4.4.2.11 Financial Capability (Submit under TAB J)

An Offeror must include in its Proposal a commonly-accepted method to prove its fiscal integrity. If available the Offeror shall include Financial Statements, preferably a Profit and Loss (P&L) statement and a Balance Sheet, for the last two (2) years (independently audited preferred).

In addition, the Offeror may supplement its response to this Section by including one or more of the following with its response:

- a. Dunn and Bradstreet Rating;
- b. Standard and Poor's Rating;
- c. Lines of credit;
- d. Evidence of a successful financial track record; and
- e. Evidence of adequate working capital.

4.4.2.12 Certificate of Insurance (Submit under TAB K)

The Offeror shall provide a copy of its current certificate of insurance showing the types and limits of insurance in effect as of the Proposal submission date. The current insurance types and limits do not have to be the same as described in Section 3.4. See Section 5.6 for the required insurance certificate submission for the recommended Offeror.

4.4.2.13 Subcontractors (Submit under TAB L)

The Offeror shall provide a complete list of all subcontractors that will work on the Contract if the Offeror receives an award, including those utilized in meeting the MBE and/or VSBE subcontracting goal, if applicable. This list shall include a full description of the duties each subcontractor will perform and why/how each subcontractor was deemed the most qualified for this project. See Section 4.4.2.6 and 4.4.2.7 for additional Offeror requirements related to Subcontractors.

4.4.2.14 Legal Action Summary (Submit under TAB M)

This summary shall include:

- a. A statement as to whether there are any outstanding legal actions or potential claims against the Offeror and a brief description of any action;
- b. A brief description of any settled or closed legal actions or claims against the Offeror over the past five (5) years;
- c. A description of any judgments against the Offeror within the past five (5) years, including the case name, court case docket number, and what the final ruling or determination was from the court; and
- d. In instances where litigation is on-going and the Offeror has been directed not to disclose information by the court, provide the name of the judge and location of the court.

4.4.2.15 Economic Benefit Factors (Submit under TAB N)

The Offeror shall submit with its Proposal a narrative describing benefits that will accrue to the Maryland economy as a direct or indirect result of its performance of this contract. Proposals will be evaluated to assess the benefit to Maryland's economy specifically offered. See COMAR 21.05.03.03A(3).

Proposals that identify specific benefits as being contractually enforceable commitments will be rated more favorably than Proposals that do not identify specific benefits as contractual commitments, all other factors being equal.

Offerors shall identify any performance guarantees that will be enforceable by the State if the full level of promised benefit is not achieved during the Contract term.

As applicable, for the full duration of the Contract, including any renewal period, or until the commitment is satisfied, the Contractor shall provide to the Procurement Officer or other designated agency personnel reports of the actual attainment of each benefit listed in response to this section. These benefit attainment reports shall be provided quarterly, unless elsewhere in these specifications a different reporting frequency is stated.

Please note that in responding to this section, the following do not generally constitute economic benefits to be derived from this Contract:

- a. generic statements that the State will benefit from the Offeror's superior performance under the Contract;

- b. descriptions of the number of Offeror employees located in Maryland other than those that will be performing work under this Contract; or
- c. tax revenues from Maryland based employees or locations, other than those that will be performing, or used to perform, work under this Contract.

Discussion of Maryland-based employees or locations may be appropriate if the Offeror makes some projection or guarantee of increased or retained presence based upon being awarded this Contract.

Examples of economic benefits to be derived from a contract may include any of the following. For each factor identified below, identify the specific benefit and contractual commitments and provide a breakdown of expenditures in that category:

- The Contract dollars to be recycled into Maryland's economy in support of the Contract, through the use of Maryland subcontractors, suppliers and joint venture partners. Do not include actual fees or rates paid to subcontractors or information from your Financial Proposal;
- The number and types of jobs for Maryland residents resulting from the Contract. Indicate job classifications, number of employees in each classification and the aggregate payroll to which the Offeror has committed, including contractual commitments at both prime and, if applicable, subcontract levels. If no new positions or subcontracts are anticipated as a result of this Contract, so state explicitly;
- Tax revenues to be generated for Maryland and its political subdivisions as a result of the Contract. Indicate tax category (sales taxes, payroll taxes, inventory taxes and estimated personal income taxes for new employees). Provide a forecast of the total tax revenues resulting from the Contract;
- Subcontract dollars committed to Maryland small businesses and MBEs; and
- Other benefits to the Maryland economy which the Offeror promises will result from awarding the Contract to the Offeror, including contractual commitments. Describe the benefit, its value to the Maryland economy, and how it will result from, or because of the Contract award. Offerors may commit to benefits that are not directly attributable to the Contract, but for which the Contract award may serve as a catalyst or impetus.

4.4.3 Additional Required Technical Submissions (Submit under TAB O)

4.4.3.1 The following documents shall be completed, signed, and included in the Technical Proposal, under TAB O that follows the material submitted in response to Section 4.4.2.

- a. Completed Bid/Proposal Affidavit (**Attachment B**).
- b. Completed Maryland Living Wage Requirements Affidavit of Agreement (**Attachment G-1**).

4.4.3.2 ***If Required**, the following documents shall be completed, signed, and included in the Technical Proposal, under TAB O that follows the material submitted in response to Section 4.4.2. *See appropriate RFP Section to determine whether the Attachment is required for this procurement:

- a. Completed MDOT Certified MBE Utilization and Fair Solicitation Affidavit (**Attachment D1**) *see Section 1.33. This attachment must be provided in a separately sealed envelope within the main Technical Proposal package/envelope.
- b. Completed Federal Funds Attachment (**Attachment H**) *see Section 1.35.
- c. Completed Conflict of Interest Affidavit and Disclosure (**Attachment I**) *see Section 1.36.
- d. Completed Mercury Affidavit (**Attachment L**) *see Section 1.40.
- e. Completed Veteran-Owned Small Business Enterprise (VSBE) Utilization Affidavit and Subcontractor Participation Schedule. (**Attachment M-1**) *see Section 1.41.
- f. Completed Location of the Performance of Services Disclosure (**Attachment N**) *see Section 1.42.

4.5 Volume II – Financial Proposal

Under separate sealed cover from the Technical Proposal and clearly identified in the format identified in Section 4.2 “Proposals,” the Offeror shall submit an original unbound copy, five (5) copies, and an electronic version in Microsoft Word or Microsoft Excel of the Financial Proposal. The Financial Proposal shall contain all price information in the format specified in **Attachment F**. The Offeror shall complete the Financial Proposal Form only as provided in the Financial Proposal Instructions and the Financial Proposal Form itself.

SECTION 5 – EVALUATION COMMITTEE, EVALUATION CRITERIA, AND SELECTION PROCEDURE

5.1 Evaluation Committee

Evaluation of Proposals will be performed in accordance with COMAR 21.05.03 by a committee established for that purpose and based on the evaluation criteria set forth below. The Evaluation Committee will review Proposals, participate in Offeror oral presentations and discussions, and provide input to the Procurement Officer. The Department reserves the right to utilize the services of individuals outside of the established Evaluation Committee for advice and assistance, as deemed appropriate.

5.2 Technical Proposal Evaluation Criteria

The criteria to be used to evaluate each Technical Proposal are listed below in descending order of importance. Unless stated otherwise, any subcriteria within each criterion have equal weight.

5.2.1 Offeror's Technical Response to RFP Requirements and Work Plan (See RFP § 4.4.2.6)

The State prefers an Offeror's response to work requirements in the RFP that illustrates a comprehensive understanding of work requirements and mastery of the subject matter, including an explanation of how the work will be done. Proposals which include limited responses to work requirements such as "concur" or "will comply" will receive a lower ranking than those Proposals that demonstrate an understanding of the work requirements and include plans to meet or exceed them.

5.2.2 Experience and Qualifications of Proposed Staff (See RFP § 4.4.2.7)

5.2.3 Offeror Qualifications and Capabilities, including proposed Subcontractors (See RFP § 4.4.2.8 – 4.4.2.14)

5.2.4 Economic Benefit to State of Maryland (See RFP § 4.4.2.15)

5.3 Financial Proposal Evaluation Criteria

All Qualified Offerors (see Section 5.5.2.4) will be ranked from the lowest (most advantageous) to the highest (least advantageous) price based on the Total Proposal Price within the stated guidelines set forth in this RFP and as submitted on **Attachment F** - Financial Proposal Form.

5.4 Reciprocal Preference

Although Maryland law does not generally authorize procuring units to favor resident Offerors in awarding procurement contracts, many other states do grant their resident businesses preferences over Maryland contractors. Therefore, COMAR 21.05.01.04 permits procuring units to apply a reciprocal preference in favor of a Maryland resident business under the following conditions:

- The Maryland resident business is a responsible Offeror;
- The most advantageous offer is from a responsible Offeror whose principal office or principal operations through which it would provide the services required under this RFP is in another state;
- The other state gives a preference to its resident businesses through law, policy, or practice; and
- The Maryland resident preference does not conflict with a federal law or grant affecting the procurement Contract.

The preference given shall be identical to the preference that the other state, through law, policy, or practice gives to its resident businesses.

5.5 Selection Procedures

5.5.1 General

The Contract will be awarded in accordance with the Competitive Sealed Proposals (CSP) method found at COMAR 21.05.03. The Competitive Sealed Proposals method allows for the conducting of discussions and the revision of Proposals during these discussions. Therefore, the State may conduct discussions with all Offerors that have submitted Proposals that are determined to be reasonably susceptible of being selected for contract award or potentially so. However, the State reserves the right to make an award without holding discussions.

In either case (i.e., with or without discussions), the State may determine an Offeror to be not responsible and/or an Offeror's Proposal to be not reasonably susceptible of being selected for award at any time after the initial closing date for receipt of Proposals and prior to Contract award. If the State finds an Offeror to be not responsible and/or an Offeror's Technical Proposal to be not reasonably susceptible of being selected for award, that Offeror's Financial Proposal will be returned if the Financial Proposal is unopened at the time of the determination.

5.5.2 Selection Process Sequence

5.5.2.1 A determination is made that the MDOT Certified MBE Utilization and Fair Solicitation Affidavit (**Attachment D-1**) is included and is properly completed, if there is a MBE goal. In addition, a determination is made that the Veteran-Owned Small Business Enterprise (VSBE) Utilization Affidavit and Subcontractor Participation Schedule (**Attachment M-1**) is included and is properly completed, if there is a VSBE goal. Finally, a determination is made that all Offeror Minimum Qualifications, if any (See RFP Section 2), have been satisfied.

5.5.2.2 Technical Proposals are evaluated for technical merit and ranked. During this review, oral presentations and discussions may be held. The purpose of such discussions will be to assure a full understanding of the State's requirements and the Offeror's ability to perform the services, as well as to facilitate arrival at a Contract that is most advantageous to the State. Offerors will be contacted by the State as soon as any discussions are scheduled.

5.5.2.3 Offerors must confirm in writing any substantive oral clarifications of, or changes in, their Technical Proposals made in the course of discussions. Any such written clarifications or changes then become part of the Offeror's Technical Proposal. Technical Proposals are given a final review and ranked.

5.5.2.4 The Financial Proposal of each Qualified Offeror (a responsible Offeror determined to have submitted an acceptable Proposal) will be evaluated and ranked separately from the Technical evaluation. After a review of the Financial Proposals of Qualified Offerors, the Evaluation Committee or Procurement Officer may again conduct discussions to further evaluate the Offeror's entire Proposal.

5.5.2.5 When in the best interest of the State, the Procurement Officer may permit Qualified Offerors to revise their initial Proposals and submit, in writing, Best and Final Offers (BAFOs). The State may make an award without issuing a request for a BAFO.

5.5.3 Award Determination

Upon completion of the Technical Proposal and Financial Proposal evaluations and rankings, each Offeror will receive an overall ranking. The Procurement Officer will recommend award of the Contract to the responsible Offeror that submitted the Proposal determined to be the most advantageous to the State. In making this most advantageous Proposal determination, technical factors will receive equal weight with financial factors.

5.6 Documents Required upon Notice of Recommendation for Contract Award

Upon receipt of a Notification of Recommendation for Contract Award, the following documents shall be completed, signed if applicable with original signatures, and submitted by the recommended awardee within five (5) Business Days, unless noted otherwise. Submit three (3) copies of each of the following documents:

- a. Contract (**Attachment A**),
- b. Contract Affidavit (**Attachment C**),
- c. MBE **Attachments D-2 and D-3**, within ten (10) Business Days, if applicable; *see **Section 1.33**,
- d. MBE Waiver Justification within ten (10) Business Days, usually including **Attachment D-6**, if a waiver has been requested (if applicable; *see **Section 1.33**),
- e. Non-Disclosure Agreement (**Attachment J**), if applicable; *see **Section 1.37**,
- f. HIPAA Business Associate Agreement (**Attachment K**), if applicable; *see **Section 1.38**,
- g. VSBE **Attachments M-2 and M-3**, if applicable *see **Section 1.41**,
- h. DHR Hiring Agreement, **Attachment O**, if applicable *see **Section 1.43**, and
- i. copy of a current Certificate of Insurance with the prescribed limits set forth in Section 3.4 “Insurance Requirements,” listing the State as an additional insured, if applicable; *see **Section 3.4**.

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RFP ATTACHMENTS

ATTACHMENT A – Contract

This is the sample contract used by the Department. It is provided with the RFP for informational purposes and is not required to be submitted at Proposal submission time. Upon notification of recommendation for award, a completed contract will be sent to the recommended awardee for signature. The recommended awardee must return to the Procurement Officer three (3) executed copies of the Contract within five (5) Business Days after receipt. Upon Contract award, a fully-executed copy will be sent to the Contractor.

ATTACHMENT B – Bid/Proposal Affidavit

This Attachment must be completed and submitted with the Technical Proposal.

ATTACHMENT C – Contract Affidavit

This Attachment must be completed and submitted by the recommended awardee to the Procurement Officer within five (5) Business Days of receiving notification of recommendation for award.

ATTACHMENT D – Minority Business Enterprise Forms

If required (see Section 1.33), these Attachments include the MBE subcontracting goal statement, instructions, and MBE Attachments D-1 through D-6. Attachment D-1 must be properly completed and submitted with the Offeror's Technical Proposal or the Proposal will be deemed not reasonably susceptible of being selected for award and rejected. Within 10 Business Days of receiving notification of recommendation for Contract award, the Offeror must submit Attachments D-2 and D-3 and, if the Offeror has requested a waiver of the MBE goal, usually Attachment D-6.

ATTACHMENT E – Pre-Proposal Conference Response Form

It is requested that this form be completed and submitted as described in Section 1.7 by those potential Offerors that plan on attending the Pre-Proposal Conference.

ATTACHMENT F – Financial Proposal Instructions and Form

The Financial Proposal Form must be completed and submitted in the Financial Proposal package.

ATTACHMENT G – Maryland Living Wage Requirements for Service Contracts and Affidavit of Agreement

Attachment G-1 Living Wage Affidavit of Agreement must be completed and submitted with the Technical Proposal.

ATTACHMENT H – Federal Funds Attachment

If required (see Section 1.35), these Attachments must be completed and submitted with the Technical Proposal as instructed in the Attachments.

ATTACHMENT I – Conflict of Interest Affidavit and Disclosure

If required (see Section 1.36), this Attachment must be completed and submitted with the Technical Proposal.

ATTACHMENT J – Non-Disclosure Agreement

If required (see Section 1.37), this Attachment must be completed and submitted within five (5) Business Days of receiving notification of recommendation for award. However, to expedite processing, it is suggested that this document be completed and submitted with the Technical Proposal.

ATTACHMENT K – HIPAA Business Associate Agreement

If required (see Section 1.38), this Attachment is to be completed and submitted within five (5) Business Days of receiving notification of recommendation for award. However, to expedite processing, it is suggested that this document be completed and submitted with the Technical Proposal.

ATTACHMENT L – Mercury Affidavit

If required (see Section 1.40), this Attachment must be completed and submitted with the Technical Proposal.

ATTACHMENT M – Veteran-Owned Small Business Enterprise Forms

If required (see Section 1.41), these Attachments include the VSBE Attachments M-1 through M-4. Attachment M-1 must be completed and submitted with the Technical Proposal. Attachment M-2 is required to be submitted within ten (10) Business Days of receiving notification of recommendation for award.

ATTACHMENT N – Location of the Performance of Services Disclosure

If required (see Section 1.42), this Attachment must be completed and submitted with the Technical Proposal.

ATTACHMENT O – Department of Human Resources (DHR) Hiring Agreement

If required (see Section 1.43), this Attachment is to be completed and submitted within five (5) Business Days of receiving notification of recommendation for award.

ATTACHMENT P – Task and Timeline Chart

This attachment is a reference for the Contractor.

ATTACHMENT Q – QOL Survey Instruments and National Core Indicators (NCI) Domains and Outcomes

Adult Consumer Face-to-Face Survey tool, domains and outcomes for development of the Adult Consumer Survey.

ATTACHMENT R – NCI Mail-In Survey Instruments: Adult, Child and Family

Samples of NCI mail-in survey instruments.

ATTACHEMENT S – OHCR Complaint Report Form

ATTACHMENT A – CONTRACT

Quality of Life Survey

THIS CONTRACT (the “Contract”) is made this (“Xth”) day of (month), (year) by and between (Contractor’s name) and the STATE OF MARYLAND, acting through the DEPARTMENT OF HEALTH AND MENTAL HYGIENE, OFFICE OF PROCUREMENT AND SUPPORT SERVICES.

In consideration of the promises and the covenants herein contained, the parties agree as follows:

1. Definitions

In this Contract, the following words have the meanings indicated:

- 1.1 “COMAR” means Code of Maryland Regulations.
- 1.2 “Contract Monitor” means the Department employee identified in Section 1.6 of the RFP as the Contract Monitor.
- 1.3 “Contractor” means (Contractor’s name) whose principal business address is (Contractor’s primary address) and whose principal office in Maryland is (Contractor’s local address).
- 1.4 “Department” means the Maryland Department of Health and Mental Hygiene and any of its Agencies, Offices, Administrations, Facilities, or Commissions.
- 1.5 “Financial Proposal” means the Contractor’s Financial Proposal dated (Financial Proposal date).
- 1.6 “Procurement Officer” means the Department employee identified in Section 1.5 of the RFP as the Procurement Officer.
- 1.7 “RFP” means the Request for Proposals for Quality of Life Survey, DHMH OPASS 16-14341, and any addenda thereto issued in writing by the State.
- 1.8 “State” means the State of Maryland.
- 1.9 “Technical Proposal” means the Contractor’s Technical Proposal dated (Technical Proposal date).

2. Scope of Contract

- 2.1 The Contractor shall provide deliverables, programs, goods, and services specific to the Contract for “Quality of Life Survey”, awarded in accordance with Exhibits A-C listed in this section and incorporated as part of this Contract. If there is any conflict between this Contract and the Exhibits, the terms of the Contract shall govern. If there is any conflict among the Exhibits, the following order of precedence shall determine the prevailing provision:

Exhibit A – The RFP

Exhibit B – State Contract Affidavit, executed by the Contractor and dated (date of Attachment C)

Exhibit C – The Proposal (Technical and Financial)

- 2.2 The Procurement Officer may, at any time, by written order, make changes in the work within the general scope of the Contract or the RFP. No other order, statement, or conduct of the Procurement Officer or any other person shall be treated as a change or entitle the

Contractor to an equitable adjustment under this section. Except as otherwise provided in this Contract, if any change under this section causes an increase or decrease in the Contractor's cost of, or the time required for, the performance of any part of the work, whether or not changed by the order, an equitable adjustment in the Contract price shall be made and the Contract modified in writing accordingly. The Contractor must assert in writing its right to an adjustment under this section within thirty (30) days of receipt of written change order and shall include a written statement setting forth the nature and cost of such claim. No claim by the Contractor shall be allowed if asserted after final payment under this Contract. Failure to agree to an adjustment under this section shall be a dispute under the Disputes clause. Nothing in this section shall excuse the Contractor from proceeding with the Contract as changed.

- 2.3 While the Procurement Officer may, at any time, by written change order, make unilateral changes in the work within the general scope of the Contract as provided in Section 2.2 above, the Contract may be modified by mutual agreement of the parties, provided: (a) the modification is made in writing; (b) all parties sign the modification; and (c) all approvals by the required agencies as described in COMAR Title 21, are obtained.

3. Period of Performance.

- 3.1 The term of this Contract begins on the date the Contract is signed by the Department following any required approvals of the Contract, including approval by the Board of Public Works, if such approval is required. The Contractor shall provide services under this Contract as of the Go-Live date contained in the written Notice to Proceed. From this Go-Live date, the Contract shall be for a period of approximately one year beginning July 1, 2015 and ending on June 31, 2016.
- 3.2 The State, at its sole option, has the unilateral right to extend the term of the Contract for two additional successive one-year terms at the prices quoted in the Financial Proposal for Option Years. .
- 3.3 Audit, confidentiality, document retention, and indemnification obligations under this Contract shall survive expiration or termination of the Contract.

4. Consideration and Payment

- 4.1 In consideration of the satisfactory performance of the work set forth in this Contract, the Department shall pay the Contractor in accordance with the terms of this Contract and at the prices quoted on the Financial Proposal Form (Attachment F). Unless properly modified (see above Section 2.3), payment to the Contractor pursuant to this Contract, including the base term and any option exercised by the State, shall not exceed \$.
- 4.2 Payments to the Contractor shall be made no later than thirty (30) days after the Department's receipt of a proper invoice for services provided by the Contractor, acceptance by the Department of services provided by the Contractor, and pursuant to the conditions outlined in Section 4 of this Contract. Each invoice for services rendered must include the Contractor's Federal Tax Identification or Social Security Number for a Contractor who is an individual which is (Contractor's FEIN or SSN). Charges for late payment of invoices other than as prescribed at Md. Code Ann., State Finance and Procurement Article, §15-104 are prohibited. Invoices shall be submitted to the Contract Monitor. Electronic funds transfer shall be used by the State to pay Contractor pursuant to this Contract and any other State payments due Contractor unless the State Comptroller's Office grants Contractor an exemption.

- 4.3 In addition to any other available remedies, if, in the opinion of the Procurement Officer, the Contractor fails to perform in a satisfactory and timely manner, the Procurement Officer may refuse or limit approval of any invoice for payment, and may cause payments to the Contractor to be reduced or withheld until such time as the Contractor meets performance standards as established by the Procurement Officer.
- 4.4 Payment of an invoice by the Department is not evidence that services were rendered as required under this Contract.
- 4.5 Contractor's eMarylandMarketplace vendor ID number is (Contractor's eMM number).

5. Rights to Records

- 5.1 The Contractor agrees that all documents and materials including, but not limited to, software, reports, drawings, studies, specifications, estimates, tests, maps, photographs, designs, graphics, mechanical, artwork, computations, and data prepared by the Contractor for purposes of this Contract shall be the sole property of the State and shall be available to the State at any time. The State shall have the right to use the same without restriction and without compensation to the Contractor other than that specifically provided by this Contract.
- 5.2 The Contractor agrees that at all times during the term of this Contract and thereafter, works created as a deliverable under this Contract, and services performed under this Contract shall be "works made for hire" as that term is interpreted under U.S. copyright law. To the extent that any products created as a deliverable under this Contract are not works made for hire for the State, the Contractor hereby relinquishes, transfers, and assigns to the State all of its rights, title, and interest (including all intellectual property rights) to all such products created under this Contract, and will cooperate reasonably with the State in effectuating and registering any necessary assignments.
- 5.3 The Contractor shall report to the Contract Monitor, promptly and in written detail, each notice or claim of copyright infringement received by the Contractor with respect to all data delivered under this Contract.
- 5.4 The Contractor shall not affix any restrictive markings upon any data, documentation, or other materials provided to the State hereunder and if such markings are affixed, the State shall have the right at any time to modify, remove, obliterate, or ignore such warnings.
- 5.5 Upon termination of the Contract, the Contractor, at its own expense, shall deliver any equipment, software or other property provided by the State to the place designated by the Procurement Officer.

6. Exclusive Use

The State shall have the exclusive right to use, duplicate, and disclose any data, information, documents, records, or results, in whole or in part, in any manner for any purpose whatsoever, that may be created or generated by the Contractor in connection with this Contract. If any material, including software, is capable of being copyrighted, the State shall be the copyright owner and Contractor may copyright material connected with this project only with the express written approval of the State.

7. Patents, Copyrights, and Intellectual Property

- 7.1 If the Contractor furnishes any design, device, material, process, or other item, which is covered by a patent, trademark or service mark, or copyright or which is proprietary to, or a trade secret of, another, the Contractor shall obtain the necessary permission or license to permit the State to use such item or items.
- 7.2 The Contractor will defend or settle, at its own expense, any claim or suit against the State alleging that any such item furnished by the Contractor infringes any patent, trademark, service mark, copyright, or trade secret. If a third party claims that a product infringes that party's patent, trademark, service mark, trade secret, or copyright, the Contractor will defend the State against that claim at Contractor's expense and will pay all damages, costs, and attorneys' fees that a court finally awards, provided the State: (a) promptly notifies the Contractor in writing of the claim; and (b) allows Contractor to control and cooperates with Contractor in, the defense and any related settlement negotiations. The obligations of this paragraph are in addition to those stated in Section 7.3 below.
- 7.3 If any products furnished by the Contractor become, or in the Contractor's opinion are likely to become, the subject of a claim of infringement, the Contractor will, at its option and expense: (a) procure for the State the right to continue using the applicable item; (b) replace the product with a non-infringing product substantially complying with the item's specifications; or (c) modify the item so that it becomes non-infringing and performs in a substantially similar manner to the original item.

8. Confidential or Proprietary Information and Documentation

- 8.1 Subject to the Maryland Public Information Act and any other applicable laws including, without limitation, HIPAA, the HI-TECH ACT, and the Maryland Medical Records Act and the implementation of regulations promulgated pursuant thereto, all confidential or proprietary information and documentation relating to either party (including without limitation, any information or data stored within the Contractor's computer systems) shall be held in absolute confidence by the other party. Each party shall, however, be permitted to disclose relevant confidential information to its officers, agents, and employees to the extent that such disclosure is necessary for the performance of their duties under this Contract, provided that the data may be collected, used, disclosed, stored, and disseminated only as provided by and consistent with the law. The provisions of this section shall not apply to information that: (a) is lawfully in the public domain; (b) has been independently developed by the other party without violation of this Contract; (c) was already in the possession of such party; (d) was supplied to such party by a third party lawfully in possession thereof and legally permitted to further disclose the information; or (e) which such party is required to disclose by law.
- 8.2 This Section 8 shall survive expiration or termination of this Contract.

9. Loss of Data

In the event of loss of any State data or records where such loss is due to the intentional act or omission or negligence of the Contractor or any of its subcontractors or agents, the Contractor shall be responsible for recreating such lost data in the manner and on the schedule set by the Contract Monitor. The Contractor shall ensure that all data is backed up and recoverable by the Contractor. Contractor shall use its best efforts to assure that at no time shall any actions undertaken by the Contractor under this Contract (or any failures to act when Contractor has a duty to act) damage or create any vulnerabilities in data bases, systems, platforms, and/or applications with which the Contractor is working hereunder.

10. Indemnification

- 10.1 The Contractor shall hold harmless and indemnify the State from and against any and all losses, damages, claims, suits, actions, liabilities, and/or expenses, including, without limitation, attorneys' fees and disbursements of any character that arise from, are in connection with or are attributable to the performance or nonperformance of the Contractor or its subcontractors under this Contract.
- 10.2 This indemnification clause shall not be construed to mean that the Contractor shall indemnify the State against liability for any losses, damages, claims, suits, actions, liabilities, and/or expenses that are attributable to the sole negligence of the State or the State's employees.
- 10.3 The State of Maryland has no obligation to provide legal counsel or defense to the Contractor or its subcontractors in the event that a suit, claim, or action of any character is brought by any person not party to this Contract against the Contractor or its subcontractors as a result of or relating to the Contractor's performance under this Contract.
- 10.4 The State has no obligation for the payment of any judgments or the settlement of any claims against the Contractor or its subcontractors as a result of or relating to the Contractor's performance under this Contract.
- 10.5 The Contractor shall immediately notify the Procurement Officer of any claim or suit made or filed against the Contractor or its subcontractors regarding any matter resulting from, or relating to, the Contractor's obligations under the Contract, and will cooperate, assist, and consult with the State in the defense or investigation of any claim, suit, or action made or filed against the State as a result of, or relating to, the Contractor's performance under this Contract.
- 10.6 This Section 10 shall survive termination of this Contract.

11. Non-Hiring of Employees

No official or employee of the State, as defined under Md. Code Ann., State Government Article, § 15-102, whose duties as such official or employee include matters relating to or affecting the subject matter of this Contract, shall, during the pendency and term of this Contract and while serving as an official or employee of the State, become or be an employee of the Contractor or any entity that is a subcontractor on this Contract.

12. Disputes

This Contract shall be subject to the provisions of Md. Code Ann., State Finance and Procurement Article, Title 15, Subtitle 2, and COMAR 21.10 (Administrative and Civil Remedies). Pending resolution of a claim, the Contractor shall proceed diligently with the performance of the Contract in accordance with the Procurement Officer's decision. Unless a lesser period is provided by applicable statute, regulation, or the Contract, the Contractor must file a written notice of claim with the Procurement Officer within thirty (30) days after the basis for the claim is known or should have been known, whichever is earlier. Contemporaneously with or within thirty (30) days of the filing of a notice of claim, but no later than the date of final payment under the Contract, the Contractor must submit to the Procurement Officer its written claim containing the information specified in COMAR 21.10.04.02.

13. Maryland Law

- 13.1 This Contract shall be construed, interpreted, and enforced according to the laws of the State of Maryland.
- 13.2 The Md. Code Ann., Commercial Law Article, Title 22, Maryland Uniform Computer Information Transactions Act, does not apply to this Contract or to any purchase order or Notice to Proceed issued under this Contract.
- 13.3 Any and all references to the Maryland Code, Annotated contained in this Contract shall be construed to refer to such Code sections as are from time to time amended.

14. Nondiscrimination in Employment

The Contractor agrees: (a) not to discriminate in any manner against an employee or applicant for employment because of race, color, religion, creed, age, sex, marital status, national origin, ancestry, or disability of a qualified individual with a disability; (b) to include a provision similar to that contained in subsection (a), above, in any underlying subcontract except a subcontract for standard commercial supplies or raw materials; and (c) to post and to cause subcontractors to post in conspicuous places available to employees and applicants for employment, notices setting forth the substance of this clause.

15. Contingent Fee Prohibition

The Contractor warrants that it has not employed or retained any person, partnership, corporation, or other entity, other than a bona fide employee, bona fide agent, bona fide salesperson, or commercial selling agency working for the business, to solicit or secure the Contract, and that the business has not paid or agreed to pay any person, partnership, corporation, or other entity, other than a bona fide employee, bona fide agent, bona fide salesperson, or commercial selling agency, any fee or any other consideration contingent on the making of this Contract.

16. Non-availability of Funding

If the General Assembly fails to appropriate funds or if funds are not otherwise made available for continued performance for any fiscal period of this Contract succeeding the first fiscal period, this Contract shall be canceled automatically as of the beginning of the fiscal year for which funds were not appropriated or otherwise made available; provided, however, that this will not affect either the State's rights or the Contractor's rights under any termination clause in this Contract. The effect of termination of the Contract hereunder will be to discharge both the Contractor and the State from future performance of the Contract, but not from their rights and obligations existing at the time of termination. The Contractor shall be reimbursed for the reasonable value of any nonrecurring costs incurred but not amortized in the price of the Contract. The State shall notify the Contractor as soon as it has knowledge that funds may not be available for the continuation of this Contract for each succeeding fiscal period beyond the first.

17. Termination for Cause

If the Contractor fails to fulfill its obligations under this Contract properly and on time, or otherwise violates any provision of the Contract, the State may terminate the Contract by written notice to the Contractor. The notice shall specify the acts or omissions relied upon as cause for termination. All finished or unfinished work provided by the Contractor shall, at the State's option, become the State's property. The State shall pay the Contractor fair and equitable compensation for satisfactory performance prior to receipt of notice of termination, less the amount of damages caused by the

Contractor's breach. If the damages are more than the compensation payable to the Contractor, the Contractor will remain liable after termination and the State can affirmatively collect damages. Termination hereunder, including the termination of the rights and obligations of the parties, shall be governed by the provisions of COMAR 21.07.01.11B.

18. Termination for Convenience

The performance of work under this Contract may be terminated by the State in accordance with this clause in whole, or from time to time in part, whenever the State shall determine that such termination is in the best interest of the State. The State will pay all reasonable costs associated with this Contract that the Contractor has incurred up to the date of termination, and all reasonable costs associated with termination of the Contract; provided, however, the Contractor shall not be reimbursed for any anticipatory profits that have not been earned up to the date of termination. Termination hereunder, including the determination of the rights and obligations of the parties, shall be governed by the provisions of COMAR 21.07.01.12A(2).

19. Delays and Extensions of Time

The Contractor agrees to prosecute the work continuously and diligently and no charges or claims for damages shall be made by it for any delays, interruptions, interferences, or hindrances from any cause whatsoever during the progress of any portion of the work specified in this Contract.

Time extensions will be granted only for excusable delays that arise from unforeseeable causes beyond the control and without the fault or negligence of the Contractor, including but not restricted to, acts of God, acts of the public enemy, acts of the State in either its sovereign or contractual capacity, acts of another Contractor in the performance of a contract with the State, fires, floods, epidemics, quarantine restrictions, strikes, freight embargoes, or delays of subcontractors or suppliers arising from unforeseeable causes beyond the control and without the fault or negligence of either the Contractor or the subcontractors or suppliers.

20. Suspension of Work

The State unilaterally may order the Contractor in writing to suspend, delay, or interrupt all or any part of its performance for such period of time as the Procurement Officer may determine to be appropriate for the convenience of the State.

21. Pre-Existing Regulations

In accordance with the provisions of Md. Code Ann., State Finance and Procurement Article, § 11-206, the regulations set forth in Title 21 of the Code of Maryland Regulations (COMAR 21) in effect on the date of execution of this Contract are applicable to this Contract.

22. Financial Disclosure

The Contractor shall comply with the provisions of Md. Code Ann., State Finance and Procurement Article, § 13-221, which requires that every person that enters into contracts, leases, or other agreements with the State or its agencies during a calendar year under which the business is to receive in the aggregate, \$100,000 or more, shall within thirty (30) days of the time when the aggregate value of these contracts, leases or other agreements reaches \$100,000, file with the Secretary of the State certain specified information to include disclosure of beneficial ownership of the business.

23. Political Contribution Disclosure

The Contractor shall comply with Md. Code Ann., Election Law Article, §§ 14-101 through 14-108, which requires that every person that enters into contracts, leases, or other agreements with the State, a county, or an incorporated municipality, or their agencies, during a calendar year in which the person receives in the aggregate \$100,000 or more, shall, file with the State Board of Elections a statement disclosing contributions in excess of \$500 made during the reporting period to a candidate for elective office in any primary or general election. The statement shall be filed with the State Board of Elections: (a) before a purchase or execution of a lease or contract by the State, a county, an incorporated municipality, or their agencies, and shall cover the preceding two calendar years; and (b) if the contribution is made after the execution of a lease or contract, then twice a year, throughout the contract term, on: (i) February 5, to cover the six (6) month period ending January 31; and (ii) August 5, to cover the six (6) month period ending July 31.

24. Documents Retention and Inspection Clause

The Contractor and subcontractors shall retain and maintain all records and documents relating to this Contract for a period of five (5) years after final payment by the State hereunder or any applicable statute of limitations or federal retention requirements (such as HIPAA), whichever is longer, and shall make them available for inspection and audit by authorized representatives of the State, including the Procurement Officer or designee, at all reasonable times. All records related in any way to the Contract are to be retained for the entire time provided under this section. In the event of any audit, the Contractor shall provide assistance to the State, without additional compensation, to identify, investigate, and reconcile any audit discrepancies and/or variances. This Section 24 shall survive expiration or termination of the Contract.

25. Compliance with Laws

The Contractor hereby represents and warrants that:

- 25.1 It is qualified to do business in the State and that it will take such action as, from time to time hereafter, may be necessary to remain so qualified;
- 25.2 It is not in arrears with respect to the payment of any monies due and owing the State, or any department or unit thereof, including but not limited to the payment of taxes and employee benefits, and that it shall not become so in arrears during the term of this Contract;
- 25.3 It shall comply with all federal, State and local laws, regulations, and ordinances applicable to its activities and obligations under this Contract; and
- 25.4 It shall obtain, at its expense, all licenses, permits, insurance, and governmental approvals, if any, necessary to the performance of its obligations under this Contract.

26. Cost and Price Certification

By submitting cost or price information, the Contractor certifies to the best of its knowledge that the information submitted is accurate, complete, and current as of the date of its Bid/Proposal.

The price under this Contract and any change order or modification hereunder, including profit or fee, shall be adjusted to exclude any significant price increases occurring because the Contractor furnished cost or price information which, as of the date of its Bid/Proposal, was inaccurate, incomplete, or not current.

27. Subcontracting; Assignment

The Contractor may not subcontract any portion of the services provided under this Contract without obtaining the prior written approval of the Procurement Officer, nor may the Contractor assign this Contract or any of its rights or obligations hereunder, without the prior written approval of the Procurement Officer provided, however, that a contractor may assign monies receivable under a contract after due notice to the State. Any subcontracts shall include such language as may be required in various clauses contained within this Contract, exhibits, and attachments. The Contract shall not be assigned until all approvals, documents, and affidavits are completed and properly registered. The State shall not be responsible for fulfillment of the Contractor's obligations to its subcontractors.

28. Liability

- 28.1 For breach of this Contract, negligence, misrepresentation, or any other contract or tort claim, Contractor shall be liable as follows:
- a. For infringement of patents, copyrights, trademarks, service marks, and/or trade secrets, as provided in Section 7 of this Contract;
 - b. Without limitation for damages for bodily injury (including death) and damage to real property and tangible personal property; and
 - c. For all other claims, damages, losses, costs, expenses, suits, or actions in any way related to this Contract, regardless of the Contractor's liability for third party claims arising under Section 10 of this Contract shall be unlimited if the State is not immune from liability for claims arising under Section 10.

29. Parent Company Guarantee (If Applicable)

(Corporate name of Contractor's Parent Company) hereby guarantees absolutely the full, prompt, and complete performance by (Contractor) of all the terms, conditions and obligations contained in this Contract, as it may be amended from time to time, including any and all exhibits that are now or may become incorporated hereunto, and other obligations of every nature and kind that now or may in the future arise out of or in connection with this Contract, including any and all financial commitments, obligations, and liabilities. (Corporate name of Contractor's Parent Company) may not transfer this absolute guaranty to any other person or entity without the prior express written approval of the State, which approval the State may grant, withhold, or qualify in its sole and absolute subjective discretion. (Corporate name of Contractor's Parent Company) further agrees that if the State brings any claim, action, suit or proceeding against (Contractor), (Corporate name of Contractor's Parent Company) may be named as a party, in its capacity as Absolute Guarantor.

30. Commercial Nondiscrimination

- 30.1 As a condition of entering into this Contract, Contractor represents and warrants that it will comply with the State's Commercial Nondiscrimination Policy, as described at Md. Code Ann., State Finance and Procurement Article, Title 19. As part of such compliance, Contractor may not discriminate on the basis of race, color, religion, ancestry or national origin, sex, age, marital status, sexual orientation, or on the basis of disability or other unlawful forms of discrimination in the solicitation, selection, hiring, or commercial treatment of subcontractors, vendors, suppliers, or commercial customers, nor shall Contractor retaliate against any person for reporting instances of such discrimination. Contractor shall provide equal opportunity for subcontractors, vendors, and suppliers to participate in all of its public sector and private sector subcontracting and supply opportunities, provided that this clause does not prohibit or limit lawful efforts to remedy the effects of marketplace discrimination that have occurred or are occurring in the

marketplace. Contractor understands that a material violation of this clause shall be considered a material breach of this Contract and may result in termination of this Contract, disqualification of Contractor from participating in State contracts, or other sanctions. This clause is not enforceable by or for the benefit of, and creates no obligation to, any third party.

- 30.2 The Contractor shall include the above Commercial Nondiscrimination clause, or similar clause approved by the Department, in all subcontracts.
- 30.3 As a condition of entering into this Contract, upon the request of the Commission on Civil Rights, and only after the filing of a complaint against Contractor under Md. Code Ann., State Finance and Procurement Article, Title 19, as amended from time to time, Contractor agrees to provide within sixty (60) days after the request a complete list of the names of all subcontractors, vendors, and suppliers that Contractor has used in the past four (4) years on any of its contracts that were undertaken within the State of Maryland, including the total dollar amount paid by Contractor on each subcontract or supply contract. Contractor further agrees to cooperate in any investigation conducted by the State pursuant to the State's Commercial Nondiscrimination Policy as set forth at Md. Code Ann., State Finance and Procurement Article, Title 19, and to provide any documents relevant to any investigation that are requested by the State. Contractor understands that violation of this clause is a material breach of this Contract and may result in contract termination, disqualification by the State from participating in State contracts, and other sanctions.

31. Prompt Pay Requirements

- 31.1 If the Contractor withholds payment of an undisputed amount to its subcontractor, the Department, at its option and in its sole discretion, may take one or more of the following actions:
- a. Not process further payments to the contractor until payment to the subcontractor is verified;
 - b. Suspend all or some of the contract work without affecting the completion date(s) for the contract work;
 - c. Pay or cause payment of the undisputed amount to the subcontractor from monies otherwise due or that may become due;
 - d. Place a payment for an undisputed amount in an interest-bearing escrow account; or
 - e. Take other or further actions as appropriate to resolve the withheld payment.
- 31.2 An "undisputed amount" means an amount owed by the Contractor to a subcontractor for which there is no good faith dispute. Such "undisputed amounts" include, without limitation:
- a. Retainage which had been withheld and is, by the terms of the agreement between the Contractor and subcontractor, due to be distributed to the subcontractor; and
 - b. An amount withheld because of issues arising out of an agreement or occurrence unrelated to the agreement under which the amount is withheld.
- 31.3 An act, failure to act, or decision of a Procurement Officer or a representative of the Department, concerning a withheld payment between the Contractor and a subcontractor under this provision, may not:
- a. Affect the rights of the contracting parties under any other provision of law;
 - b. Be used as evidence on the merits of a dispute between the Department and the contractor in any other proceeding; or

c. Result in liability against or prejudice the rights of the Department.

31.4 The remedies enumerated above are in addition to those provided under COMAR 21.11.03.13 with respect to subcontractors that have contracted pursuant to the Minority Business Enterprise (MBE) program.

31.5 To ensure compliance with certified MBE subcontract participation goals, the Department may, consistent with COMAR 21.11.03.13, take the following measures:

- a. Verify that the certified MBEs listed in the MBE participation schedule actually are performing work and receiving compensation as set forth in the MBE participation schedule.
- b. This verification may include, as appropriate:
 - i. Inspecting any relevant records of the Contractor;
 - ii. Inspecting the jobsite; and
 - iii. Interviewing subcontractors and workers.
 - iv. Verification shall include a review of:
 - (a) The Contractor's monthly report listing unpaid invoices over thirty (30) days old from certified MBE subcontractors and the reason for nonpayment; and
 - (b) The monthly report of each certified MBE subcontractor, which lists payments received from the Contractor in the preceding thirty (30) days and invoices for which the subcontractor has not been paid.
- c. If the Department determines that the Contractor is not in compliance with certified MBE participation goals, then the Department will notify the Contractor in writing of its findings, and will require the Contractor to take appropriate corrective action. Corrective action may include, but is not limited to, requiring the Contractor to compensate the MBE for work performed as set forth in the MBE participation schedule.
- d. If the Department determines that the Contractor is in material noncompliance with MBE contract provisions and refuses or fails to take the corrective action that the Department requires, then the Department may:
 - i. Terminate the contract;
 - ii. Refer the matter to the Office of the Attorney General for appropriate action; or
 - iii. Initiate any other specific remedy identified by the contract, including the contractual remedies required by any applicable laws, regulations, and directives regarding the payment of undisputed amounts.
- e. Upon completion of the Contract, but before final payment or release of retainage or both, the Contractor shall submit a final report, in affidavit form under the penalty of perjury, of all payments made to, or withheld from, MBE subcontractors.

32. Liquidated Damages

32.1 The Contract requires the Contractor to make good faith efforts to comply with the Minority Business Enterprise ("MBE") Program and Contract provisions. The State and the Contractor acknowledge and agree that the State will incur economic damages and losses, including, but not limited to, loss of goodwill, detrimental impact on economic development, and diversion of internal staff resources, if the Contractor does not make good faith efforts to comply with the requirements of the MBE Program and pertinent MBE Contract provisions. The parties further acknowledge and agree that the damages the State might reasonably be anticipated to accrue as a result of such lack of compliance are difficult

or impossible to ascertain with precision and that liquidated damages represent a fair, reasonable, and appropriate estimation of damages.

Upon a determination by the State that the Contractor failed to make good faith efforts to comply with one or more of the specified MBE Program requirements or pertinent MBE Contract provisions and without the State being required to present any evidence of the amount or character of actual damages sustained, the Contractor agrees to pay liquidated damages to the State at the rates set forth below. Such liquidated damages are intended to represent estimated actual damages and are not intended as a penalty. The Contractor expressly agrees that the State may withhold payment on any invoices as an offset against liquidated damages owed. The Contractor further agrees that for each specified violation, the agreed-upon liquidated damages are reasonably proximate to the loss the State is anticipated to incur as a result of each violation.

32.1.1 Failure to submit each monthly payment report in full compliance with COMAR 21.11.03.13B(3): \$35.00 per day until the monthly report is submitted as required.

32.1.2 Failure to include in its agreements with MBE subcontractors a provision requiring submission of payment reports in full compliance with COMAR 21.11.03.13B(4): \$90.00 per MBE subcontractor.

32.1.3 Failure to comply with COMAR 21.11.03.12 in terminating, canceling, or changing the scope of work/value of a contract with an MBE subcontractor and/or amendment of the MBE participation schedule: the difference between the dollar value of the MBE participation commitment on the MBE participation schedule for that specific MBE firm and the dollar value of the work performed by that MBE firm for the Contract.

32.1.4 Failure to meet the Contractor's total MBE participation goal and subgoal commitments: the difference between the dollar value of the total MBE participation commitment on the MBE participation schedule and the MBE participation actually achieved.

32.1.5 Failure to promptly pay all undisputed amounts to a subcontractor in full compliance with the prompt payment provisions of the Contract: \$100.00 per day until the undisputed amount due to the subcontractor is paid.

32.2 Notwithstanding the assessment or availability of liquidated damages, the State reserves the right to terminate the Contract and to exercise any and all other rights or remedies which may be available under the Contract or which otherwise may be available at law or in equity.

33. Living Wage

If a Contractor subject to the Living Wage law fails to submit all records required under COMAR 21.11.10.05 to the Commissioner of Labor and Industry at the Department of Labor, Licensing and Regulation, the agency may withhold payment of any invoice or retainage. The agency may require certification from the Commissioner on a quarterly basis that such records were properly submitted.

34. Contract Monitor and Procurement Officer

The work to be accomplished under this Contract shall be performed under the direction of the Contract Monitor. All matters relating to the interpretation of this Contract shall be referred to the Procurement Officer for determination.

35. Notices

All notices hereunder shall be in writing and either delivered personally or sent by certified or registered mail, postage prepaid, as follows:

If to the State: Michael Howard
Procurement Officer
Maryland Department of Health and Mental Hygiene
Office of Procurement and Support Services
301 W. Preston Street, Room 416B
Baltimore, Maryland 21201

If to the Contractor: _____

36. Compliance with HIPAA and State Confidentiality Law

36.1 The Contractor acknowledges its duty to become familiar with and comply, to the extent applicable, with all requirements of the federal Health Insurance Portability and Accountability Act (HIPAA), 42 U.S.C. §§ 1320d et seq., and implementing regulations including 45 C.F.R. Parts 160 and 164. The Contractor also agrees to comply with the Maryland Confidentiality of Medical Records Act (MCMRA), Md. Code Ann. Health-General §§ 4-301 et seq. This obligation includes:

- (a) As necessary, adhering to the privacy and security requirements for protected health information and medical records under HIPAA and MCMRA and making the transmission of all electronic information compatible with the HIPAA requirements;
- (b) Providing training and information to employees regarding confidentiality obligations as to health and financial information and securing acknowledgement of these obligations from employees to be involved in the contract; and
- (c) Otherwise providing good information management practices regarding all health information and medical records.

36.2 If in connection with the procurement or at any time during the term of the Contract, the Department determines that functions to be performed in accordance with the scope of work set forth in the solicitation constitute business associate functions as defined in HIPAA, the Contractor acknowledges its obligation to execute a business associate agreement as required by HIPAA regulations at 45 C.F.R. 164.501 and in the form required by the Department.

36.3 Protected Health Information as defined in the HIPAA regulations at 45 C.F.R. 160.103 and 164.501, means information transmitted as defined in the regulations, that is: individually identifiable; created or received by a healthcare provider, health plan, public health

authority, employer, life insurer, school or university, or healthcare clearinghouse; and related to the past, present, or future physical or mental health or condition of an individual, to the provision of healthcare to an individual, or to the past, present, or future payment for the provision of healthcare to an individual. The definition excludes certain education records as well as employment records held by a covered entity in its role as employer.

37. Limited English Proficiency

The Contractor shall provide equal access to public services to individuals with limited English proficiency in compliance with Md. Code Ann., State Government Article, §§ 10-1101 et seq., and Policy Guidance issued by the Office of Civil Rights, Department of Health and Human Services, and DHMH Policy 02.06.07.

38. Miscellaneous

- 38.1 Any provision of this Contract which contemplates performance or observance subsequent to any termination or expiration of this contract shall survive termination or expiration of this contract and continue in full force and effect.
- 38.2 If any term contained in this contract is held or finally determined to be invalid, illegal, or unenforceable in any respect, in whole or in part, such term shall be severed from this contract, and the remaining terms contained herein shall continue in full force and effect, and shall in no way be affected, prejudiced, or disturbed thereby.

IN WITNESS THEREOF, the parties have executed this Contract as of the date hereinabove set forth.

CONTRACTOR

STATE OF MARYLAND
(DEPARTMENT)

By: _____

By: (name and title of Department Head) _____

Date

Or designee:

Date

Approved for form and legal sufficiency
this ____ day of _____, 20__.

OPASS# 16-14341/_____

Assistant Attorney General

APPROVED BY BPW: _____
(Date) (BPW Item #)

ATTACHMENT B – BID/PROPOSAL AFFIDAVIT

A. AUTHORITY

I hereby affirm that I, _____ (name of affiant) am the _____ (title) and duly authorized representative of _____ (name of business entity) and that I possess the legal authority to make this affidavit on behalf of the business for which I am acting.

B. CERTIFICATION REGARDING COMMERCIAL NONDISCRIMINATION

The undersigned Bidder/Offeror hereby certifies and agrees that the following information is correct: In preparing its Bid/Proposal on this project, the Bidder/Offeror has considered all Proposals submitted from qualified, potential subcontractors and suppliers, and has not engaged in "discrimination" as defined in § 19-103 of the State Finance and Procurement Article of the Annotated Code of Maryland. "Discrimination" means any disadvantage, difference, distinction, or preference in the solicitation, selection, hiring, or commercial treatment of a vendor, subcontractor, or commercial customer on the basis of race, color, religion, ancestry, or national origin, sex, age, marital status, sexual orientation, or on the basis of disability or any otherwise unlawful use of characteristics regarding the vendor's, supplier's, or commercial customer's employees or owners. "Discrimination" also includes retaliating against any person or other entity for reporting any incident of "discrimination". Without limiting any other provision of the solicitation on this project, it is understood that, if the certification is false, such false certification constitutes grounds for the State to reject the Bid/Proposal submitted by the Bidder/Offeror on this project, and terminate any contract awarded based on the Bid/Proposal. As part of its Bid/Proposal, the Bidder/Offeror herewith submits a list of all instances within the past 4 years where there has been a final adjudicated determination in a legal or administrative proceeding in the State of Maryland that the Bidder/Offeror discriminated against subcontractors, vendors, suppliers, or commercial customers, and a description of the status or resolution of that determination, including any remedial action taken. Bidder/Offeror agrees to comply in all respects with the State's Commercial Nondiscrimination Policy as described under Title 19 of the State Finance and Procurement Article of the Annotated Code of Maryland.

B-1. CERTIFICATION REGARDING MINORITY BUSINESS ENTERPRISES.

The undersigned Bidder/Offeror hereby certifies and agrees that it has fully complied with the State Minority Business Enterprise Law, State Finance and Procurement Article, § 14-308(a)(2), Annotated Code of Maryland, which provides that, except as otherwise provided by law, a contractor may not identify a certified minority business enterprise in a Bid/Proposal and:

- (1) Fail to request, receive, or otherwise obtain authorization from the certified minority business enterprise to identify the certified minority Proposal;
- (2) Fail to notify the certified minority business enterprise before execution of the contract of its inclusion in the Bid/Proposal;
- (3) Fail to use the certified minority business enterprise in the performance of the contract; or
- (4) Pay the certified minority business enterprise solely for the use of its name in the Bid/Proposal.

Without limiting any other provision of the solicitation on this project, it is understood that if the certification is false, such false certification constitutes grounds for the State to reject the Bid/Proposal submitted by the Bidder/Offeror on this project, and terminate any contract awarded based on the Bid/Proposal.

B-2. CERTIFICATION REGARDING VETERAN-OWNED SMALL BUSINESS ENTERPRISES.

The undersigned Bidder/Offeror hereby certifies and agrees that it has fully complied with the State veteran-owned small business enterprise law, State Finance and Procurement Article, § 14-605, Annotated Code of Maryland, which provides that a person may not:

- (1) Knowingly and with intent to defraud, fraudulently obtain, attempt to obtain, or aid another person in fraudulently obtaining or attempting to obtain public money, procurement contracts, or funds expended under a procurement contract to which the person is not entitled under this title;
- (2) Knowingly and with intent to defraud, fraudulently represent participation of a veteran-owned small business enterprise in order to obtain or retain a Bid/Proposal preference or a procurement contract;
- (3) Willfully and knowingly make or subscribe to any statement, declaration, or other document that is fraudulent or false as to any material matter, whether or not that falsity or fraud is committed with the knowledge or consent of the person authorized or required to present the declaration, statement, or document;
- (4) Willfully and knowingly aid, assist in, procure, counsel, or advise the preparation or presentation of a declaration, statement, or other document that is fraudulent or false as to any material matter, regardless of whether that falsity or fraud is committed with the knowledge or consent of the person authorized or required to present the declaration, statement, or document;
- (5) Willfully and knowingly fail to file any declaration or notice with the unit that is required by COMAR 21.11.12; or
- (6) Establish, knowingly aid in the establishment of, or exercise control over a business found to have violated a provision of § B-2(1)-(5) of this regulation.

C. AFFIRMATION REGARDING BRIBERY CONVICTIONS

I FURTHER AFFIRM THAT:

Neither I, nor to the best of my knowledge, information, and belief, the above business (as is defined in Section 16-101(b) of the State Finance and Procurement Article of the Annotated Code of Maryland), or any of its officers, directors, partners, controlling stockholders, or any of its employees directly involved in the business's contracting activities including obtaining or performing contracts with public bodies has been convicted of, or has had probation before judgment imposed pursuant to Criminal Procedure Article, § 6-220, Annotated Code of Maryland, or has pleaded nolo contendere to a charge of, bribery, attempted bribery, or conspiracy to bribe in violation of Maryland law, or of the law of any other state or federal law, except as follows (indicate the reasons why the affirmation cannot be given and list any conviction, plea, or imposition of probation before judgment with the date, court, official or administrative body, the sentence or disposition, the name(s) of person(s) involved, and their current positions and responsibilities with the business):

D. AFFIRMATION REGARDING OTHER CONVICTIONS

I FURTHER AFFIRM THAT:

Neither I, nor to the best of my knowledge, information, and belief, the above business, or any of its officers, directors, partners, controlling stockholders, or any of its employees directly involved in the business's contracting activities including obtaining or performing contracts with public bodies, has:

(1) Been convicted under state or federal statute of:

(a) A criminal offense incident to obtaining, attempting to obtain, or performing a public or private contract; or

(b) Fraud, embezzlement, theft, forgery, falsification or destruction of records or receiving stolen property;

(2) Been convicted of any criminal violation of a state or federal antitrust statute;

(3) Been convicted under the provisions of Title 18 of the United States Code for violation of the Racketeer Influenced and Corrupt Organization Act, 18 U.S.C. § 1961 et seq., or the Mail Fraud Act, 18 U.S.C. § 1341 et seq., for acts in connection with the submission of Bids/Proposals for a public or private contract;

(4) Been convicted of a violation of the State Minority Business Enterprise Law, § 14-308 of the State Finance and Procurement Article of the Annotated Code of Maryland;

(5) Been convicted of a violation of § 11-205.1 of the State Finance and Procurement Article of the Annotated Code of Maryland;

(6) Been convicted of conspiracy to commit any act or omission that would constitute grounds for conviction or liability under any law or statute described in subsections (1)—(5) above;

(7) Been found civilly liable under a state or federal antitrust statute for acts or omissions in connection with the submission of Bids/Proposals for a public or private contract;

(8) Been found in a final adjudicated decision to have violated the Commercial Nondiscrimination Policy under Title 19 of the State Finance and Procurement Article of the Annotated Code of Maryland with regard to a public or private contract; or

(9) Admitted in writing or under oath, during the course of an official investigation or other proceedings, acts or omissions that would constitute grounds for conviction or liability under any law or statute described in §§ B and C and subsections D(1)—(8) above, except as follows (indicate reasons why the affirmations cannot be given, and list any conviction, plea, or imposition of probation before judgment with the date, court, official or administrative body, the sentence or disposition, the name(s) of the person(s) involved and their current positions and responsibilities with the business, and the status of any debarment):

E. AFFIRMATION REGARDING DEBARMENT

I FURTHER AFFIRM THAT:

Neither I, nor to the best of my knowledge, information, and belief, the above business, or any of its officers, directors, partners, controlling stockholders, or any of its employees directly involved in the business's contracting activities, including obtaining or performing contracts with public bodies, has ever been suspended or debarred

(including being issued a limited denial of participation) by any public entity, except as follows (list each debarment or suspension providing the dates of the suspension or debarment, the name of the public entity and the status of the proceedings, the name(s) of the person(s) involved and their current positions and responsibilities with the business, the grounds of the debarment or suspension, and the details of each person's involvement in any activity that formed the grounds of the debarment or suspension).

F. AFFIRMATION REGARDING DEBARMENT OF RELATED ENTITIES

I FURTHER AFFIRM THAT:

- (1) The business was not established and it does not operate in a manner designed to evade the application of or defeat the purpose of debarment pursuant to Sections 16-101, et seq., of the State Finance and Procurement Article of the Annotated Code of Maryland; and
- (2) The business is not a successor, assignee, subsidiary, or affiliate of a suspended or debarred business, except as follows (you must indicate the reasons why the affirmations cannot be given without qualification):

G. SUBCONTRACT AFFIRMATION

I FURTHER AFFIRM THAT:

Neither I, nor to the best of my knowledge, information, and belief, the above business, has knowingly entered into a contract with a public body under which a person debarred or suspended under Title 16 of the State Finance and Procurement Article of the Annotated Code of Maryland will provide, directly or indirectly, supplies, services, architectural services, construction related services, leases of real property, or construction.

H. AFFIRMATION REGARDING COLLUSION

I FURTHER AFFIRM THAT:

Neither I, nor to the best of my knowledge, information, and belief, the above business has:

- (1) Agreed, conspired, connived, or colluded to produce a deceptive show of competition in the compilation of the accompanying Bid/Proposal that is being submitted;
- (2) In any manner, directly or indirectly, entered into any agreement of any kind to fix the Bid/Proposal price of the Bidder/Offeror or of any competitor, or otherwise taken any action in restraint of free competitive bidding in connection with the contract for which the accompanying Bid/Proposal is submitted.

I. CERTIFICATION OF TAX PAYMENT

I FURTHER AFFIRM THAT:

Except as validly contested, the business has paid, or has arranged for payment of, all taxes due the State of Maryland and has filed all required returns and reports with the Comptroller of the Treasury, the State Department of Assessments and Taxation, and the Department of Labor, Licensing, and Regulation, as applicable, and will have paid all withholding taxes due the State of Maryland prior to final settlement.

J. CONTINGENT FEES

I FURTHER AFFIRM THAT:

The business has not employed or retained any person, partnership, corporation, or other entity, other than a bona fide employee, bona fide agent, bona fide salesperson, or commercial selling agency working for the business, to solicit or secure the Contract, and that the business has not paid or agreed to pay any person, partnership, corporation, or other entity, other than a bona fide employee, bona fide agent, bona fide salesperson, or commercial selling agency, any fee or any other consideration contingent on the making of the Contract.

K. CERTIFICATION REGARDING INVESTMENTS IN IRAN

(1) The undersigned certifies that, in accordance with State Finance and Procurement Article, §17-705, Annotated Code of Maryland:

(a) It is not identified on the list created by the Board of Public Works as a person engaging in investment activities in Iran as described in State Finance and Procurement Article, §17-702, Annotated Code of Maryland; and

(b) It is not engaging in investment activities in Iran as described in State Finance and Procurement Article, §17-702, Annotated Code of Maryland.

2. The undersigned is unable to make the above certification regarding its investment activities in Iran due to the following activities: _____

L. CONFLICT MINERALS ORIGINATED IN THE DEMOCRATIC REPUBLIC OF CONGO (FOR SUPPLIES AND SERVICES CONTRACTS)

I FURTHER AFFIRM THAT:

The business has complied with the provisions of State Finance and Procurement Article, §14-413, Annotated Code of Maryland governing proper disclosure of certain information regarding conflict minerals originating in the Democratic Republic of Congo or its neighboring countries as required by federal law.

M. ACKNOWLEDGEMENT

I ACKNOWLEDGE THAT this Affidavit is to be furnished to the Procurement Officer and may be distributed to units of: (1) the State of Maryland; (2) counties or other subdivisions of the State of Maryland; (3) other states; and (4) the federal government. I further acknowledge that this Affidavit is subject to applicable laws of the United States and the State of Maryland, both criminal and civil, and that nothing in this Affidavit or any contract resulting from the submission of this Bid/Proposal shall be construed to supersede, amend, modify or waive, on behalf of the State of Maryland, or any unit of the State of Maryland having jurisdiction, the exercise of any statutory right or remedy conferred by the Constitution and the laws of Maryland with respect to any misrepresentation made or any violation of the obligations, terms and covenants undertaken by the above business with respect to (1) this Affidavit, (2) the contract, and (3) other Affidavits comprising part of the contract.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Date: _____

By: _____ (print name of Authorized Representative and Affiant)

_____ (signature of Authorized Representative and Affiant)

ATTACHMENT C – CONTRACT AFFIDAVIT

A. AUTHORITY

I hereby affirm that I, _____ (name of affiant) am the _____ (title) and duly authorized representative of _____ (name of business entity) and that I possess the legal authority to make this affidavit on behalf of the business for which I am acting.

B. CERTIFICATION OF REGISTRATION OR QUALIFICATION WITH THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

I FURTHER AFFIRM THAT:

The business named above is a (check applicable box):

- (1) Corporation — ☐ domestic or ☐ foreign;
- (2) Limited Liability Company — ☐ domestic or ☐ foreign;
- (3) Partnership — ☐ domestic or ☐ foreign;
- (4) Statutory Trust — ☐ domestic or ☐ foreign;
- (5) ☐ Sole Proprietorship.

and is registered or qualified as required under Maryland Law. I further affirm that the above business is in good standing both in Maryland and (IF APPLICABLE) in the jurisdiction where it is presently organized, and has filed all of its annual reports, together with filing fees, with the Maryland State Department of Assessments and Taxation. The name and address of its resident agent (IF APPLICABLE) filed with the State Department of Assessments and Taxation is:

Name and Department ID

Number: _____ Address: _____

and that if it does business under a trade name, it has filed a certificate with the State Department of Assessments and Taxation that correctly identifies that true name and address of the principal or owner as:

Name and Department ID

Number: _____ Address: _____

C. FINANCIAL DISCLOSURE AFFIRMATION

I FURTHER AFFIRM THAT:

I am aware of, and the above business will comply with, the provisions of State Finance and Procurement Article, §13-221, Annotated Code of Maryland, which require that every business that enters into contracts, leases, or other agreements with the State of Maryland or its agencies during a calendar year under which the business is to receive in the aggregate \$100,000 or more shall, within 30 days of the time when the aggregate value of the contracts, leases, or other agreements reaches \$100,000, file with the Secretary of State of Maryland certain specified information to include disclosure of beneficial ownership of the business.

D. POLITICAL CONTRIBUTION DISCLOSURE AFFIRMATION

I FURTHER AFFIRM THAT:

I am aware of, and the above business will comply with, Election Law Article, §§14-101 — 14-108, Annotated Code of Maryland, which requires that every person that enters into contracts, leases, or other agreements with the State of Maryland, including its agencies or a political subdivision of the State, during a calendar year in which the person receives in the aggregate \$100,000 or more shall file with the State Board of Elections a statement disclosing contributions in excess of \$500 made during the reporting period to a candidate for elective office in any primary or general election.

E. DRUG AND ALCOHOL FREE WORKPLACE

(Applicable to all contracts unless the contract is for a law enforcement agency and the agency head or the agency head's designee has determined that application of COMAR 21.11.08 and this certification would be inappropriate in connection with the law enforcement agency's undercover operations.)

I CERTIFY THAT:

(1) Terms defined in COMAR 21.11.08 shall have the same meanings when used in this certification.

(2) By submission of its Bid/Proposal, the business, if other than an individual, certifies and agrees that, with respect to its employees to be employed under a contract resulting from this solicitation, the business shall:

(a) Maintain a workplace free of drug and alcohol abuse during the term of the contract;

(b) Publish a statement notifying its employees that the unlawful manufacture, distribution, dispensing, possession, or use of drugs, and the abuse of drugs or alcohol is prohibited in the business' workplace and specifying the actions that will be taken against employees for violation of these prohibitions;

(c) Prohibit its employees from working under the influence of drugs or alcohol;

(d) Not hire or assign to work on the contract anyone who the business knows, or in the exercise of due diligence should know, currently abuses drugs or alcohol and is not actively engaged in a bona fide drug or alcohol abuse assistance or rehabilitation program;

(e) Promptly inform the appropriate law enforcement agency of every drug-related crime that occurs in its workplace if the business has observed the violation or otherwise has reliable information that a violation has occurred;

(f) Establish drug and alcohol abuse awareness programs to inform its employees about:

- (i) The dangers of drug and alcohol abuse in the workplace;
- (ii) The business's policy of maintaining a drug and alcohol free workplace;
- (iii) Any available drug and alcohol counseling, rehabilitation, and employee assistance programs; and
- (iv) The penalties that may be imposed upon employees who abuse drugs and alcohol in the workplace;

(g) Provide all employees engaged in the performance of the contract with a copy of the statement required by §E(2)(b), above;

(h) Notify its employees in the statement required by §E(2)(b), above, that as a condition of continued employment on the contract, the employee shall:

- (i) Abide by the terms of the statement; and
- (ii) Notify the employer of any criminal drug or alcohol abuse conviction for an offense occurring in the workplace not later than 5 days after a conviction;

(i) Notify the procurement officer within 10 days after receiving notice under §E(2)(h)(ii), above, or otherwise receiving actual notice of a conviction;

(j) Within 30 days after receiving notice under §E(2)(h)(ii), above, or otherwise receiving actual notice of a conviction, impose either of the following sanctions or remedial measures on any employee who is convicted of a drug or alcohol abuse offense occurring in the workplace:

- (i) Take appropriate personnel action against an employee, up to and including termination; or
- (ii) Require an employee to satisfactorily participate in a bona fide drug or alcohol abuse assistance or rehabilitation program; and

(k) Make a good faith effort to maintain a drug and alcohol free workplace through implementation of §E(2)(a)—(j), above.

(3) If the business is an individual, the individual shall certify and agree as set forth in §E(4), below, that the individual shall not engage in the unlawful manufacture, distribution, dispensing, possession, or use of drugs or the abuse of drugs or alcohol in the performance of the contract.

(4) I acknowledge and agree that:

(a) The award of the contract is conditional upon compliance with COMAR 21.11.08 and this certification;

(b) The violation of the provisions of COMAR 21.11.08 or this certification shall be cause to suspend payments under, or terminate the contract for default under COMAR 21.07.01.11 or 21.07.03.15, as applicable; and

(c) The violation of the provisions of COMAR 21.11.08 or this certification in connection with the contract may, in the exercise of the discretion of the Board of Public Works, result in suspension and debarment of the business under COMAR 21.08.03.

F. CERTAIN AFFIRMATIONS VALID

I FURTHER AFFIRM THAT:

To the best of my knowledge, information, and belief, each of the affirmations, certifications, or acknowledgements contained in that certain Bid/Proposal Affidavit dated _____, 201____, and executed by me for the purpose of obtaining the contract to which this Exhibit is attached remains true and correct in all respects as if made as of the date of this Contract Affidavit and as if fully set forth herein.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Date: _____

By: _____ (printed name of Authorized Representative and Affiant)

_____ (signature of Authorized Representative and Affiant)

ATTACHMENT D – MINORITY BUSINESS ENTERPRISE FORMS

MBE ATTACHMENT D-1A MBE UTILIZATION AND FAIR SOLICITATION AFFIDAVIT & MBE PARTICIPATION SCHEDULE - INSTRUCTIONS

PLEASE READ BEFORE COMPLETING THIS DOCUMENT

This form includes Instructions and the MBE Utilization and Fair Solicitation Affidavit & MBE Participation Schedule which must be submitted with the Bid/Proposal. If the Bidder/Offeror fails to accurately complete and submit this Affidavit and Schedule with the Bid or Proposal as required, the Procurement Officer shall deem the Bid non-responsive or shall determine that the Proposal is not reasonably susceptible of being selected for award.

1. Contractor shall structure its procedures for the performance of the work required in this Contract to attempt to achieve the minority business enterprise (MBE) subcontractor participation goal stated in the Invitation for Bids or Request for Proposals. Contractor agrees to exercise good faith efforts to carry out the requirements set forth in these Instructions, as authorized by the Code of Maryland Regulations (COMAR) 21.11.03.
2. MBE Goals and Subgoals: Please review the solicitation for information regarding the Contract's MBE overall participation goals and subgoals. After satisfying the requirements for any established subgoals, the Contractor is encouraged to use a diverse group of subcontractors and suppliers from any/all of the various MBE classifications to meet the remainder of the overall MBE participation goal.
3. MBE means a minority business enterprise that is certified by the Maryland Department of Transportation ("MDOT"). Only MBEs certified by MDOT may be counted for purposes of achieving the MBE participation goals. In order to be counted for purposes of achieving the MBE participation goals, the MBE firm, including a MBE Prime, must be MDOT-certified for the services, materials or supplies that it is committed to perform on the MBE Participation Schedule.
4. Please refer to the MDOT MBE Directory at www.mdot.state.md.us to determine if a firm is certified with the appropriate North American Industry Classification System ("NAICS") Code **and** the product/services description (specific product that a firm is certified to provide or specific areas of work that a firm is certified to perform). For more general information about NAICS, please visit www.naics.com. Only those specific products and/or services for which a firm is certified in the MDOT Directory can be used for purposes of achieving the MBE participation goals. **WARNING:** If the firm's NAICS Code is in graduated status, such services/products **may not be counted** for purposes of achieving the MBE participation goals. A NAICS Code is in the graduated status if the term "Graduated" follows the Code in the MDOT MBE Directory.
5. **Guidelines Regarding MBE Prime Self-Performance:** Please note that when a certified MBE firm participates as a Prime contractor on a Contract, a procurement agency may count the distinct, clearly defined portion of the work of the Contract that the certified MBE firm performs with its own workforce toward fulfilling up to, but no more than, fifty-percent (50%) of the MBE participation goal (overall), including up to one hundred percent (100%) of not more than one of the MBE participation subgoals, if any, established for the Contract.
 - ✓ In order to receive credit for self-performance, an MBE Prime must be certified in the appropriate NAICS code to do the work and must list its firm in the MBE Participation Schedule, including the certification category under which the MBE Prime is self-performing and include information regarding the work it will self-perform.
 - ✓ For the remaining portion of the overall goal and the remaining subgoals, the MBE Prime must also identify on the MBE Participation Schedule the other certified MBE subcontractors used to meet those goals or request a waiver.
 - ✓ These guidelines apply to the work performed by the MBE Prime that can be counted for purposes of meeting the MBE participation goals. These requirements do not affect the MBE Prime's ability to

self-perform a greater portion of the work in excess of what is counted for purposes of meeting the MBE participation goals.

- ✓ Please note that the requirements to meet the MBE participation overall goal and subgoals are distinct and separate. If the Contract has subgoals, regardless of MBE Prime's ability to self-perform up to 50% of the overall goal (including up to 100% of any subgoal), the MBE Prime must either commit to other MBEs for each of any remaining subgoals or request a waiver. As set forth in **Attachment D1-B** Waiver Guidance, the MBE Prime's ability to self-perform certain portions of the work of the Contract will not be deemed a substitute for the good faith efforts to meet any remaining subgoal or the balance of the overall goal.
- ✓ In certain instances where the percentages allocated to MBE participation subgoals add up to more than 50% of the overall goal, the portion of self-performed work that an MBE Prime may count toward the overall goal may be limited to less than 50%. Please refer to GOMA's website (www.goma.maryland.gov) for the MBE Prime Regulations Q&A for illustrative examples.

6. Subject to items 1 through 5 above, when a certified MBE performs as a participant in a joint venture, a procurement agency may count a portion of the total dollar value of the Contract equal to the distinct, clearly-defined portion of the work of the contract that the certified MBE performs with its own workforce towards fulfilling the Contract goal, and not more than one of the Contract subgoals, if any.
7. As set forth in COMAR 21.11.03.12-1, once the Contract work begins, the work performed by a certified MBE firm, including an MBE prime, can only be counted towards the MBE participation goal(s) if the MBE firm is performing a commercially useful function on the Contract. Please refer to COMAR 21.11.03.12-1 for more information regarding these requirements.
8. If you have any questions as to whether a firm is certified to perform the specific services or provide specific products, please contact MDOT's Office of Minority Business Enterprise at 1-800-544-6056 or via email to mbe@mdot.state.md.us sufficiently prior to the submission due date.
9. Worksheet: The percentage of MBE participation, calculated using the percentage amounts for all of the MBE firms listed on the Participation Schedule **MUST** at least equal the MBE participation goal **and** subgoals (if applicable) set forth in the solicitation. If a Bidder/Offeror is unable to achieve the MBE participation goal and/or any subgoals (if applicable), the Bidder/Offeror must request a waiver in Item 1 of the MBE Utilization and Fair Solicitation Affidavit (**Attachment D-1A**) or the Bid will be deemed not responsive, or the Proposal determined to be not susceptible of being selected for award. You may wish to use the Subgoal summary below to assist in calculating the percentages and confirm that you have met the applicable MBE participation goal and subgoals, if any.

SUBGOALS (IF APPLICABLE)

TOTAL AFRICAN AMERICAN MBE PARTICIPATION:	_____ %
TOTAL ASIAN AMERICAN MBE PARTICIPATION:	_____ %
TOTAL HISPANIC AMERICAN MBE PARTICIPATION:	_____ %
TOTAL WOMEN-OWNED MBE PARTICIPATION:	_____ %

OVERALL GOAL

TOTAL MBE PARTICIPATION (INCLUDE ALL CATEGORIES):	_____ %
----------------------------------------------------------	---------

MBE ATTACHMENT D-1A
MBE UTILIZATION AND FAIR SOLICITATION AFFIDAVIT
& MBE PARTICIPATION SCHEDULE

This MBE Utilization and Fair Solicitation Affidavit and MBE Participation Schedule must be completed in its entirety and included with the Bid/Proposal. If the Bidder/Offeror fails to accurately complete and submit this Affidavit and Schedule with the Bid or Proposal as required, the Procurement Officer shall deem the Bid non-responsive or shall determine that the Proposal is not reasonably susceptible of being selected for award.

In connection with the Bid/Proposal submitted in response to Solicitation No. 16-14341, I affirm the following:

1. MBE Participation (PLEASE CHECK ONLY ONE)

☐ I acknowledge and intend to meet IN FULL both the overall certified Minority Business Enterprise (MBE) participation goal of 10% percent and all of the following subgoals:

percent for African American-owned MBE firms

percent for Hispanic American-owned MBE firms

percent for Asian American-owned MBE firms

percent for Women-owned MBE firms

Therefore, I am not seeking a waiver pursuant to COMAR 21.11.03.11. I acknowledge that by checking the above box and agreeing to meet the stated goal and subgoal(s), if any, I must complete the MBE Participation Schedule (Item 4 below) in order to be considered for award.

OR

☐ I conclude that I am unable to achieve the MBE participation goal and/or subgoals. I hereby request a waiver, in whole or in part, of the overall goal and/or subgoals. I acknowledge that by checking this box and requesting a partial waiver of the stated goal and/or one or more of the stated subgoal(s) if any, I must complete the MBE Participation Schedule (Item 4 below) for the portion of the goal and/or subgoal(s) if any, for which I am not seeking a waiver, in order to be considered for award.

2. Additional MBE Documentation

I understand that if I am notified that I am the apparent awardee or as requested by the Procurement Officer, I must submit the following documentation within 10 Business Days of receiving notice of the potential award or from the date of conditional award (per COMAR 21.11.03.10), whichever is earlier:

- (a) Good Faith Efforts Documentation to Support Waiver Request (**Attachment D-1C**)
- (b) Outreach Efforts Compliance Statement (**Attachment D-2**);
- (c) MBE Subcontractor/MBE Prime Project Participation Statement (**Attachments D-3A/B**);
- (d) Any other documentation, including additional waiver documentation if applicable, required by the Procurement Officer to ascertain Bidder or Offeror responsibility in connection with the certified MBE participation goal and subgoals, if any.

I understand that if I fail to return each completed document within the required time, the Procurement Officer may determine that I am not responsible and therefore not eligible for contract award. If the Contract has already been awarded, the award is voidable.

3. Information Provided to MBE firms

In the solicitation of subcontract quotations or offers, MBE firms were provided not less than the same information and amount of time to respond as were non-MBE firms.

4. MBE Participation Schedule

Set forth below are the (i) certified MBEs I intend to use, (ii) the percentage of the total Contract amount allocated to each MBE for this project and, (iii) the items of work each MBE will provide under the Contract. I have confirmed with the MDOT database that the MBE firms identified below (including any self-performing MBE prime firms) are performing work activities for which they are MDOT certified.

Prime Contractor	Project Description	PROJECT/CONTRACT NUMBER

LIST INFORMATION FOR EACH CERTIFIED MBE FIRM YOU AGREE TO USE TO ACHIEVE THE MBE PARTICIPATION GOAL AND SUBGOALS, IF ANY. **MBE PRIMES:** PLEASE COMPLETE BOTH SECTIONS A AND B BELOW.

SECTION A: For MBE Prime Contractors ONLY (including MBE Primes in a Joint Venture)

<p>MBE Prime Firm Name: _____</p> <p>MBE Certification Number: _____</p> <p>(If dually certified, check only one box.)</p> <p><input type="checkbox"/> African American-Owned</p> <p><input type="checkbox"/> Hispanic American- Owned</p> <p><input type="checkbox"/> Asian American-Owned</p> <p><input type="checkbox"/> Women-Owned</p> <p><input type="checkbox"/> Other MBE Classification</p>	<p>Percentage of total Contract Value to be performed with own forces and counted towards the MBE overall participation goal (up to 50% of the overall goal): _____%</p> <p>Percentage of total Contract Value to be performed with own forces and counted towards the subgoal, if any, for my MBE classification (up to 100% of not more than one subgoal): _____%</p> <p>Description of the Work to be performed with MBE prime's own workforce: _____</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

SECTION B: For all Contractors (including MBE Primes and MBE Primes in a Joint Venture)

<p>MBE Firm Name: _____</p> <p>MBE Certification Number: _____</p> <p>(If dually certified, check only one box.)</p> <p><input type="checkbox"/> African American-Owned <input type="checkbox"/> Hispanic American- Owned</p> <p><input type="checkbox"/> Asian American-Owned <input type="checkbox"/> Women-Owned</p> <p><input type="checkbox"/> Other MBE Classification</p>	<p>Percentage of Total Contract to be provided by this MBE: _____%</p> <p>Description of the Work to be Performed:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>MBE Firm Name: _____</p> <p>MBE Certification Number: _____</p> <p>(If dually certified, check only one box.)</p> <p><input type="checkbox"/> African American-Owned <input type="checkbox"/> Hispanic American- Owned</p> <p><input type="checkbox"/> Asian American-Owned <input type="checkbox"/> Women-Owned</p> <p><input type="checkbox"/> Other MBE Classification</p>	<p>Percentage of Total Contract to be provided by this MBE: _____%</p> <p>Description of the Work to be Performed:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>MBE Firm Name: _____</p> <p>MBE Certification Number: _____</p> <p>(If dually certified, check only one box.)</p> <p><input type="checkbox"/> African American-Owned <input type="checkbox"/> Hispanic American- Owned</p> <p><input type="checkbox"/> Asian American-Owned <input type="checkbox"/> Women-Owned</p> <p><input type="checkbox"/> Other MBE Classification</p>	<p>Percentage of Total Contract to be provided by this MBE: _____%</p> <p>Description of the Work to be Performed:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>MBE Firm Name: _____</p> <p>MBE Certification Number: _____</p> <p>(If dually certified, check only one box.)</p> <p><input type="checkbox"/> African American-Owned <input type="checkbox"/> Hispanic American- Owned</p> <p><input type="checkbox"/> Asian American-Owned <input type="checkbox"/> Women-Owned</p> <p><input type="checkbox"/> Other MBE Classification</p>	<p>Percentage of Total Contract to be provided by this MBE: _____%</p> <p>Description of the Work to be Performed:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>MBE Firm Name: _____</p> <p>MBE Certification Number: _____</p> <p>(If dually certified, check only one box.)</p> <p><input type="checkbox"/> African American-Owned <input type="checkbox"/> Hispanic American- Owned</p> <p><input type="checkbox"/> Asian American-Owned <input type="checkbox"/> Women-Owned</p> <p><input type="checkbox"/> Other MBE Classification</p>	<p>Percentage of Total Contract to be provided by this MBE: _____%</p> <p>Description of the Work to be Performed:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

(Continue on separate page if needed)

I solemnly affirm under the penalties of perjury that: (i) I have reviewed the instructions for the MBE Utilization & Fair Solicitation Affidavit and MBE Schedule, and (ii) the information contained in the MBE Utilization & Fair Solicitation Affidavit and MBE Schedule is true to the best of my knowledge, information and belief.

Bidder/Offeror Name
(PLEASE PRINT OR TYPE)

Signature of Authorized Representative

Address

Printed Name and Title

City, State and Zip Code

Date

SUBMIT THIS AFFIDAVIT WITH BID/PROPOSAL

MBE ATTACHMENT D-1B

WAIVER GUIDANCE

GUIDANCE FOR DOCUMENTING GOOD FAITH EFFORTS TO MEET MBE PARTICIPATION GOALS

In order to show that it has made good faith efforts to meet the Minority Business Enterprise (MBE) participation goal (including any MBE subgoals) on a contract, the Bidder/Offeror must either (1) meet the MBE Goal(s) and document its commitments for participation of MBE Firms, or (2) when it does not meet the MBE Goal(s), document its Good Faith Efforts to meet the goal(s).

I. Definitions

MBE Goal(s) – “MBE Goal(s)” refers to the MBE participation goal and MBE participation subgoal(s).

Good Faith Efforts – The “Good Faith Efforts” requirement means that when requesting a waiver, the Bidder/Offeror must demonstrate that it took all necessary and reasonable steps to achieve the MBE Goal(s), which, by their scope, intensity, and appropriateness to the objective, could reasonably be expected to obtain sufficient MBE participation, even if those steps were not fully successful. Whether a Bidder/Offeror that requests a waiver made adequate good faith efforts will be determined by considering the quality, quantity, and intensity of the different kinds of efforts that the Bidder/Offeror has made. The efforts employed by the Bidder/Offeror should be those that one could reasonably expect a Bidder/Offeror to take if the Bidder/Offeror were actively and aggressively trying to obtain MBE participation sufficient to meet the MBE contract goal and subgoals. Mere *pro forma* efforts are not good faith efforts to meet the MBE contract requirements. The determination concerning the sufficiency of the Bidder's/Offeror's good faith efforts is a judgment call; meeting quantitative formulas is not required.

Identified Firms – “Identified Firms” means a list of the MBEs identified by the procuring agency during the goal setting process and listed in the procurement as available to perform the Identified Items of Work. It also may include additional MBEs identified by the Bidder/Offeror as available to perform the Identified Items of Work, such as MBEs certified or granted an expansion of services after the procurement was issued. If the procurement does not include a list of Identified Firms, this term refers to all of the MBE Firms (if State-funded) the Bidder/Offeror identified as available to perform the Identified Items of Work and should include all appropriately certified firms that are reasonably identifiable.

Identified Items of Work – “Identified Items of Work” means the Bid/Proposal items identified by the procuring agency during the goal setting process and listed in the procurement as possible items of work for performance by MBE Firms. It also may include additional portions of items of work the Bidder/Offeror identified for performance by MBE Firms to increase the likelihood that the MBE Goal(s) will be achieved. If the procurement does not include a list of Identified Items of Work, this term refers to all of the items of work the Bidder/Offeror identified as possible items of work for performance by MBE Firms and should include all reasonably identifiable work opportunities.

MBE Firms – “MBE Firms” refers to a firm certified by the Maryland Department of Transportation (“MDOT”) under COMAR 21.11.03. Only MDOT-certified MBE Firms can participate in the State's MBE Program.

II. Types of Actions Agency will Consider

The Bidder/Offeror is responsible for making relevant portions of the work available to MBE subcontractors and suppliers and to select those portions of the work or material needs consistent with the available MBE subcontractors and suppliers, so as to facilitate MBE participation. The following is a list of types of actions the procuring agency will consider as part of the Bidder's/Offeror's Good Faith Efforts when the Bidder/Offeror fails to meet the MBE Goal(s). This list is not intended to be a mandatory checklist, nor is it intended to be exclusive or exhaustive. Other factors or types of efforts may be relevant in appropriate cases.

A. Identify Bid/Proposal Items as Work for MBE Firms

1. Identified Items of Work in Procurements

(a) Certain procurements will include a list of Bid/Proposal items identified during the goal setting process as possible work for performance by MBE Firms. If the procurement provides a list of Identified Items of Work, the Bidder/Offeror shall make all reasonable efforts to solicit quotes from MBE Firms to perform that work.

(b) Bidders/Offerors may, and are encouraged to, select additional items of work to be performed by MBE Firms to increase the likelihood that the MBE Goal(s) will be achieved.

2. Identified Items of Work by Bidders/Offerors

(a) When the procurement does not include a list of Identified Items of Work or for additional Identified Items of Work, Bidders/Offerors should reasonably identify sufficient items of work to be performed by MBE Firms.

(b) Where appropriate, Bidders/Offerors should break out contract work items into economically feasible units to facilitate MBE participation, rather than perform these work items with their own forces. The ability or desire of a Prime contractor to perform the work of a contract with its own organization does not relieve the Bidder/Offeror of the responsibility to make Good Faith Efforts.

B. Identify MBE Firms to Solicit

1. MBE Firms Identified in Procurements

(a) Certain procurements will include a list of the MBE Firms identified during the goal setting process as available to perform the items of work. If the procurement provides a list of Identified MBE Firms, the Bidder/Offeror shall make all reasonable efforts to solicit those MBE firms.

(b) Bidders/offers may, and are encouraged to, search the MBE Directory to identify additional MBEs who may be available to perform the items of work, such as MBEs certified or granted an expansion of services after the solicitation was issued.

2. MBE Firms Identified by Bidders/Offerors

(a) When the procurement does not include a list of Identified MBE Firms, Bidders/Offerors should reasonably identify the MBE Firms that are available to perform the Identified Items of Work.

(b) Any MBE Firms identified as available by the Bidder/Offeror should be certified to perform the Identified Items of Work.

C. Solicit MBEs

1. Solicit all Identified Firms for all Identified Items of Work by providing written notice. The Bidder/Offeror should:

(a) provide the written solicitation at least 10 days prior to Bid/Proposal opening to allow sufficient time for the MBE Firms to respond;

(b) send the written solicitation by first-class mail, facsimile, or email using contact information in the MBE Directory, unless the Bidder/Offeror has a valid basis for using different contact information; and

(c) provide adequate information about the plans, specifications, anticipated time schedule for portions of the work to be performed by the MBE, and other requirements of the contract to assist MBE Firms in responding. (This information may be provided by including hard copies in the written solicitation or by electronic means as described in C.3 below.)

2. “All” Identified Firms includes the MBEs listed in the procurement and any MBE Firms you identify as potentially available to perform the Identified Items of Work, but it does not include MBE Firms who are no longer certified to perform the work as of the date the Bidder/Offeror provides written solicitations.

3. “Electronic Means” includes, for example, information provided *via* a website or file transfer protocol (FTP) site containing the plans, specifications, and other requirements of the contract. If an interested MBE cannot access the information provided by electronic means, the Bidder/Offeror must make the information available in a manner that is accessible to the interested MBE.

4. Follow up on initial written solicitations by contacting MBEs to determine if they are interested. The follow up contact may be made:

(a) by telephone using the contact information in the MBE Directory, unless the Bidder/Offeror has a valid basis for using different contact information; or

(b) in writing *via* a method that differs from the method used for the initial written solicitation.

5. In addition to the written solicitation set forth in C.1 and the follow up required in C.4, use all other reasonable and available means to solicit the interest of MBE Firms certified to perform the work of the contract. Examples of other means include:

(a) attending any pre-bid meetings at which MBE Firms could be informed of contracting and subcontracting opportunities; and

(b) if recommended by the procurement, advertising with or effectively using the services of at least two minority focused entities or media, including trade associations, minority/women community organizations, minority/women contractors' groups, and local, state, and federal minority/women business assistance offices listed on the MDOT Office of Minority Business Enterprise website.

D. Negotiate With Interested MBE Firms

Bidders/Offerors must negotiate in good faith with interested MBE Firms.

1. Evidence of negotiation includes, without limitation, the following:

(a) the names, addresses, and telephone numbers of MBE Firms that were considered;

(b) a description of the information provided regarding the plans and specifications for the work selected for subcontracting and the means used to provide that information; and

(c) evidence as to why additional agreements could not be reached for MBE Firms to perform the work.

2. A Bidder/Offeror using good business judgment would consider a number of factors in negotiating with subcontractors, including MBE subcontractors, and would take a firm's price and capabilities as well as contract goals into consideration.

3. The fact that there may be some additional costs involved in finding and using MBE Firms is not in itself sufficient reason for a Bidder's/Offeror's failure to meet the contract MBE goal(s), as long as such costs are reasonable. Factors to take into consideration when determining whether a MBE Firm's quote is excessive or unreasonable include, without limitation, the following:

(a) the dollar difference between the MBE subcontractor's quote and the average of the other subcontractors' quotes received by the Bidder/Offeror;

(b) the percentage difference between the MBE subcontractor's quote and the average of the other subcontractors' quotes received by the Bidder/Offeror;

(c) the percentage that the MBE subcontractor's quote represents of the overall contract amount;

(d) the number of MBE firms that the Bidder/Offeror solicited for that portion of the work;

(e) whether the work described in the MBE and Non-MBE subcontractor quotes (or portions thereof) submitted for review is the same or comparable; and

(f) the number of quotes received by the Bidder/Offeror for that portion of the work.

4. The above factors are not intended to be mandatory, exclusive, or exhaustive, and other evidence of an excessive or unreasonable price may be relevant.

5. The Bidder/Offeror may not use its price for self-performing work as a basis for rejecting a MBE Firm's quote as excessive or unreasonable.

6. The "average of the other subcontractors' quotes received" by the Bidder/Offeror refers to the average of the quotes received from all subcontractors. Bidder/Offeror should attempt to receive quotes from at least three subcontractors, including one quote from a MBE and one quote from a Non-MBE.

7. A Bidder/Offeror shall not reject a MBE Firm as unqualified without sound reasons based on a thorough investigation of the firm's capabilities. For each certified MBE that is rejected as unqualified or that placed a subcontract quotation or offer that the Bidder/Offeror concludes is not acceptable, the Bidder/Offeror must provide a written detailed statement listing the reasons for this conclusion. The Bidder/Offeror also must document the steps taken to verify the capabilities of the MBE and Non-MBE Firms quoting similar work.

(a) The factors to take into consideration when assessing the capabilities of a MBE Firm, include, but are not limited to the following: financial capability, physical capacity to perform, available personnel and equipment, existing workload, experience performing the type of work, conduct and performance in previous contracts, and ability to meet reasonable contract requirements.

(b) The MBE Firm's standing within its industry, membership in specific groups, organizations, or associations and political or social affiliations (for example union vs. non-union employee status) are not legitimate causes for the rejection or non-solicitation of bids in the efforts to meet the project goal.

E. Assisting Interested MBE Firms

When appropriate under the circumstances, the decision-maker will consider whether the Bidder/Offeror:

1. made reasonable efforts to assist interested MBE Firms in obtaining the bonding, lines of credit, or insurance required by the procuring agency or the Bidder/Offeror; and
2. made reasonable efforts to assist interested MBE Firms in obtaining necessary equipment, supplies, materials, or related assistance or services.

III. Other Considerations

In making a determination of Good Faith Efforts the decision-maker may consider engineering estimates, catalogue prices, general market availability and availability of certified MBE Firms in the area in which the work is to be performed, other bids or offers and subcontract bids or offers substantiating significant variances between certified MBE and Non-MBE costs of participation, and their impact on the overall cost of the contract to the State and any other relevant factors.

The decision-maker may take into account whether a Bidder/Offeror decided to self-perform subcontract work with its own forces, especially where the self-performed work is Identified Items of Work in the procurement. The decision-maker also may take into account the performance of other Bidders/Offerors in meeting the contract. For example, when the apparent successful Bidder/Offeror fails to meet the contract goal, but others meet it, this reasonably raises the question of whether, with additional reasonable efforts, the apparent successful Bidder/Offeror could have met the goal. If the apparent successful Bidder/Offeror fails to meet the goal, but meets or exceeds the average MBE participation obtained by other Bidders/Offerors, this, when viewed in conjunction with other factors, could be evidence of the apparent successful Bidder/Offeror having made Good Faith Efforts.

IV. Documenting Good Faith Efforts

At a minimum, a Bidder/Offeror seeking a waiver of the MBE Goal(s) or a portion thereof must provide written documentation of its Good Faith Efforts, in accordance with COMAR 21.11.03.11, within 10 business days after receiving notice that it is the apparent awardee. The written documentation shall include the following:

A. Items of Work (Complete Good Faith Efforts Documentation Attachment D-1C, Part 1)

A detailed statement of the efforts made to select portions of the work proposed to be performed by certified MBE Firms in order to increase the likelihood of achieving the stated MBE Goal(s).

B. Outreach/Solicitation/Negotiation

1. The record of the Bidder's/Offeror's compliance with the outreach efforts prescribed by COMAR 21.11.03.09C(2)(a). **(Complete Outreach Efforts Compliance Statement – Attachment D-2).**

2. A detailed statement of the efforts made to contact and negotiate with MBE Firms including:

(a) the names, addresses, and telephone numbers of the MBE Firms who were contacted, with the dates and manner of contacts (letter, fax, email, telephone, etc.) **(Complete Good Faith Efforts Attachment D-1C- Part 2, and submit letters, fax cover sheets, emails, etc. documenting solicitations);** and

(b) a description of the information provided to MBE Firms regarding the plans, specifications, and anticipated time schedule for portions of the work to be performed and the means used to provide that information.

C. Rejected MBE Firms (Complete Good Faith Efforts Attachment D-1C, Part 3)

1. For each MBE Firm that the Bidder/Offeror concludes is not acceptable or qualified, a detailed statement of the reasons for the Bidder's/Offeror's conclusion, including the steps taken to verify the capabilities of the MBE and Non-MBE Firms quoting similar work.

2. For each certified MBE Firm that the Bidder/Offeror concludes has provided an excessive or unreasonable price, a detailed statement of the reasons for the Bidder's/Offeror's conclusion, including the quotes received from all MBE and Non-MBE firms bidding on the same or comparable work. **(Include copies of all quotes received.)**

3. A list of MBE Firms contacted but found to be unavailable. This list should be accompanied by a MBE Unavailability Certificate (see **D-1B - Exhibit A** to this Part 1) signed by the MBE contractor or a statement from the bidder/offeror that the MBE contractor refused to sign the MBE Unavailability Certificate.

D. Other Documentation

1. Submit any other documentation requested by the Procurement Officer to ascertain the Bidder's/Offeror's Good Faith Efforts.

2. Submit any other documentation the Bidder/Offeror believes will help the Procurement Officer ascertain its Good Faith Efforts.

MBE ATTACHMENT D-1B - Exhibit A
MBE Subcontractor Unavailability Certificate

1. It is hereby certified that the firm of _____

(Name of Minority firm)

located at _____

(Number)

(Street)

(City)

(State)

(Zip)

was offered an opportunity to bid on Solicitation No. _____

in _____ County by _____

(Name of Prime Contractor's Firm)

2. _____ (Minority Firm), is either unavailable for the
work/service or unable to prepare a bid for this project for the following reason(s):

Signature of Minority Firm's MBE Representative

Title

Date

MDOT CERTIFICATION #

TELEPHONE #

.....

3. To be completed by the prime contractor if Section 2 of this form is not completed by the minority firm.

To the best of my knowledge and belief, said Certified Minority Business Enterprise is either unavailable for the work/service for this project, is unable to prepare a bid, or did not respond to a request for a price proposal and has not completed the above portion of this submittal.

Signature of Prime Contractor

Title

Date

MBE ATTACHMENT D-1C
GOOD FAITH EFFORTS DOCUMENTATION TO SUPPORT WAIVER REQUEST

PAGE __ OF __

Prime Contractor	Project Description	SOLICITATION NUMBER

PARTS 1, 2, AND 3 MUST BE INCLUDED WITH THIS CERTIFICATE ALONG WITH ALL DOCUMENTS SUPPORTING YOUR WAIVER REQUEST.

I affirm that I have reviewed **Attachment D-1B**, Waiver Guidance. I further affirm under penalties of perjury that the contents of Parts 1, 2, and 3 of this **Attachment D-1C** Good Faith Efforts Documentation Form are true to the best of my knowledge, information, and belief.

Company Name

Signature of Representative

Address

Printed Name and Title

City, State and Zip Code

Date

GOOD FAITH EFFORTS DOCUMENTATION TO SUPPORT WAIVER REQUEST

PART 1 – IDENTIFIED ITEMS OF WORK BIDDER/OFFEROR MADE AVAILABLE TO MBE FIRMS

PAGE __ OF __

Prime Contractor	Project Description	SOLICITATION NUMBER

Identify those items of work that the Bidder/Offeror made available to MBE Firms. This includes, where appropriate, those items the Bidder/Offeror identified and determined to subdivide into economically feasible units to facilitate the MBE participation. For each item listed, show the anticipated percentage of the total contract amount. It is the Bidder's/Offeror's responsibility to demonstrate that sufficient work to meet the goal was made available to MBE Firms, and the total percentage of the items of work identified for MBE participation equals or exceeds the percentage MBE goal set for the procurement. Note: If the procurement includes a list of Bid/Proposal items identified during the goal setting process as possible items of work for performance by MBE Firms, the Bidder/Offeror should make all of those items of work available to MBE Firms or explain why that item was not made available. If the Bidder/Offeror selects additional items of work to make available to MBE Firms, those additional items should also be included below.

Identified Items of Work	Was this work listed in the procurement?	Does Bidder/Offeror normally self-perform this work?	Was this work made available to MBE Firms? If no, explain why?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

☐ Please check if Additional Sheets are attached.

**GOOD FAITH EFFORTS DOCUMENTATION
TO SUPPORT WAIVER REQUEST**

PART 2 – IDENTIFIED MBE FIRMS AND RECORD OF SOLICITATIONS

PAGE __ OF __

Prime Contractor	Project Description	SOLICITATION NUMBER

Identify the MBE Firms solicited to provide quotes for the Identified Items of Work made available for MBE participation. Include the name of the MBE Firm solicited, items of work for which bids/quotes were solicited, date and manner of initial and follow-up solicitations, whether the MBE provided a quote, and whether the MBE is being used to meet the MBE participation goal. MBE Firms used to meet the participation goal must be included on the MBE Participation Schedule. Note: If the procurement includes a list of the MBE Firms identified during the goal setting process as potentially available to perform the items of work, the Bidder/Offeree should solicit all of those MBE Firms or explain why a specific MBE was not solicited. If the Bidder/Offeree identifies additional MBE Firms who may be available to perform Identified Items of Work, those additional MBE Firms should also be included below. Copies of all written solicitations and documentation of follow-up calls to MBE Firms must be attached to this form. This list should be accompanied by a Minority Contractor Unavailability Certificate signed by the MBE contractor or a statement from the Bidder/Offeree that the MBE contractor refused to sign the Minority Contractor Unavailability Certificate (see **Attachment D-1B – Exhibit A**). If the Bidder/Offeree used a Non-MBE or is self-performing the identified items of work, Part 3 must be completed.

Name of Identified MBE Firm & MBE Classification	Describe Item of Work Solicited	Initial Solicitation Date & Method	Follow-up Solicitation Date & Method	Details for Follow-up Calls	Quote Rec'd	Quote Used	Reason Quote Rejected
Firm Name: <hr/> MBE Classification (Check only if requesting waiver of MBE subgoal.) <input type="checkbox"/> African American-Owned <input type="checkbox"/> Hispanic American-Owned <input type="checkbox"/> Asian American-Owned <input type="checkbox"/> Women-Owned <input type="checkbox"/> Other MBE Classification		Date: <input type="checkbox"/> Mail <input type="checkbox"/> Facsimile <input type="checkbox"/> Email	Date: <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Facsimile <input type="checkbox"/> Email	Time of Call: Spoke With: <input type="checkbox"/> Left Message	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Used Other MBE <input type="checkbox"/> Used Non-MBE <input type="checkbox"/> Self-performing
Firm Name: <hr/> MBE Classification (Check only if requesting waiver of MBE subgoal.) <input type="checkbox"/> African American-Owned <input type="checkbox"/> Hispanic American-Owned <input type="checkbox"/> Asian American-Owned <input type="checkbox"/> Women-Owned <input type="checkbox"/> Other MBE Classification		Date: <input type="checkbox"/> Mail <input type="checkbox"/> Facsimile <input type="checkbox"/> Email	Date: <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Facsimile <input type="checkbox"/> Email	Time of Call: Spoke With: <input type="checkbox"/> Left Message	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Used Other MBE <input type="checkbox"/> Used Non-MBE <input type="checkbox"/> Self-performing

☐ Please check if Additional Sheets are attached.

PART 3 – ADDITIONAL INFORMATION REGARDING REJECTED MBE QUOTES

Prime Contractor	Project Description	SOLICITATION NUMBER

Describe Identified Items of Work Not Being Performed by MBE (Include spec/section number from Bid/Proposal)	Self-performing or Using Non-MBE (Provide name)	Amount of Non-MBE Quote	Name of Other Firms who Provided Quotes & Whether MBE or Non-MBE	Amount Quoted	Indicate Reason Why MBE Quote Rejected & Briefly Explain
	<input type="checkbox"/> Self-performing <input type="checkbox"/> Using Non-MBE _____	\$ _____ –	_____ <input type="checkbox"/> MBE <input type="checkbox"/> Non-MBE	\$ _____ –	<input type="checkbox"/> Price <input type="checkbox"/> Capabilities <input type="checkbox"/> Other
	<input type="checkbox"/> Self-performing <input type="checkbox"/> Using Non-MBE _____	\$ _____ –	_____ <input type="checkbox"/> MBE <input type="checkbox"/> Non- MBE	\$ _____ –	<input type="checkbox"/> Price <input type="checkbox"/> Capabilities <input type="checkbox"/> Other
	<input type="checkbox"/> Self-performing <input type="checkbox"/> Using Non-MBE _____	\$ _____ –	_____ <input type="checkbox"/> MBE <input type="checkbox"/> Non- MBE	\$ _____ –	<input type="checkbox"/> Price <input type="checkbox"/> Capabilities <input type="checkbox"/> Other
	<input type="checkbox"/> Self-performing <input type="checkbox"/> Using Non- MBE _____	\$ _____ –	_____ <input type="checkbox"/> MBE <input type="checkbox"/> Non- MBE	\$ _____ –	<input type="checkbox"/> Price <input type="checkbox"/> Capabilities <input type="checkbox"/> Other
	<input type="checkbox"/> Self-performing <input type="checkbox"/> Using Non- MBE _____	\$ _____ –	_____ <input type="checkbox"/> MBE <input type="checkbox"/> Non- MBE	\$ _____ –	<input type="checkbox"/> Price <input type="checkbox"/> Capabilities <input type="checkbox"/> Other
	<input type="checkbox"/> Self-performing <input type="checkbox"/> Using Non- MBE _____	\$ _____ –	_____ <input type="checkbox"/> MBE <input type="checkbox"/> Non- MBE	\$ _____ –	<input type="checkbox"/> Price <input type="checkbox"/> Capabilities <input type="checkbox"/> Other

90

MBE ATTACHMENT D-2
OUTREACH EFFORTS COMPLIANCE STATEMENT

Complete and submit this form within 10 Business Days of notification of apparent award or actual award, whichever is earlier.

In conjunction with the Bid/Proposal submitted in response to Solicitation No. _____, I state the following:

1. Bidder/Offeror identified subcontracting opportunities in these specific work categories:

2. Attached to this form are copies of written solicitations (with bidding/proposal instructions) used to solicit certified MBE firms for these subcontract opportunities.

3. Bidder/Offeror made the following attempts to personally contact the solicited MDOT-certified MBE firms:

4. **Please Check One:**

- ☐ This project does not involve bonding requirements.
- ☐ Bidder/Offeror assisted MDOT-certified MBE firms to fulfill or seek waiver of bonding requirements.
(DESCRIBE EFFORTS): _____

5. **Please Check One:**

- ☐ Bidder/Offeror did attend the pre-bid/pre-proposal conference.
- ☐ No pre-Bid/pre-Proposal meeting/conference was held.
- ☐ Bidder/Offeror did not attend the pre-Bid/pre-Proposal conference.

Company Name

Signature of Representative

Address

Printed Name and Title

City, State and Zip Code

Date

MBE ATTACHMENT D-3A

MBE SUBCONTRACTOR PROJECT PARTICIPATION CERTIFICATION

PLEASE COMPLETE AND SUBMIT ONE FORM FOR EACH CERTIFIED MBE FIRM LISTED ON THE MBE PARTICIPATION SCHEDULE (ATTACHMENT D-1A) WITHIN 10 BUSINESS DAYS OF NOTIFICATION OF APPARENT AWARD. IF THE BIDDER/OFFEROR FAILS TO RETURN THIS AFFIDAVIT WITHIN THE REQUIRED TIME, THE PROCUREMENT OFFICER MAY DETERMINE THAT THE BIDDER/OFFEROR IS NOT RESPONSIBLE AND THEREFORE NOT ELIGIBLE FOR CONTRACT AWARD.

Provided that _____ (Prime Contractor's Name) is awarded the State Contract in conjunction with Solicitation No. _____, such Prime Contractor intends to enter into a subcontract with _____ (Subcontractor's Name) committing to participation by the MBE firm _____ (MBE Name) with MDOT Certification Number _____ which will receive at least \$_____ which equals to ____% of the Total Contract Amount for performing the following products/services for the Contract:

NAICS CODE	WORK ITEM, SPECIFICATION NUMBER, LINE ITEMS OR WORK CATEGORIES (IF APPLICABLE)	DESCRIPTION OF SPECIFIC PRODUCTS AND/OR SERVICES

Each of the Contractor and Subcontractor acknowledges that, for purposes of determining the accuracy of the information provided herein, the Procurement Officer may request additional information, including, without limitation, copies of the subcontract agreements and quotes. Each of the Contractor and Subcontractor solemnly affirms under the penalties of perjury that: (i) the information provided in this MBE Subcontractor Project Participation Affidavit is true to the best of its knowledge, information and belief, and (ii) has fully complied with the State Minority Business Enterprise law, State Finance and Procurement Article §14-308(a)(2), Annotated Code of Maryland which provides that, except as otherwise provided by law, a contractor may not identify a certified minority business enterprise in a Bid/Proposal and:

- (1) fail to request, receive, or otherwise obtain authorization from the certified minority business enterprise to identify the certified Minority Business Enterprise in its Bid/Proposal;
- (2) fail to notify the certified Minority Business Enterprise before execution of the Contract of its inclusion of the Bid/Proposal;
- (3) fail to use the certified Minority Business Enterprise in the performance of the Contract; or
- (4) pay the certified Minority Business Enterprise solely for the use of its name in the Bid/Proposal.

PRIME CONTRACTOR Signature of Representative: _____ Printed Name and Title: _____ Firm's Name: _____ Federal Identification Number: _____ Address: _____ Telephone: _____ Date: _____	SUBCONTRACTOR Signature of Representative: _____ Printed Name and Title: _____ Firm's Name: _____ Federal Identification Number: _____ Address: _____ Telephone: _____ Date: _____
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

MBE PRIME - PROJECT PARTICIPATION CERTIFICATION

PLEASE COMPLETE AND SUBMIT THIS FORM TO ATTEST EACH SPECIFIC ITEM OF WORK THAT YOUR MBE FIRM HAS LISTED ON THE MBE PARTICIPATION SCHEDULE (ATTACHMENT D-1A) FOR PURPOSES OF MEETING THE MBE PARTICIPATION GOALS. THIS FORM MUST BE SUBMITTED WITHIN 10 BUSINESS DAYS OF NOTIFICATION OF APPARENT AWARD. IF THE BIDDER/OFFEROR FAILS TO RETURN THIS AFFIDAVIT WITHIN THE REQUIRED TIME, THE PROCUREMENT OFFICER MAY DETERMINE THAT THE BIDDER/OFFEROR IS NOT RESPONSIBLE AND THEREFORE NOT ELIGIBLE FOR CONTRACT AWARD.

Provided that _____ (Prime Contractor's Name) with
Certification Number _____ is awarded the State contract in conjunction with Solicitation No. _____, such MBE Prime Contractor intends to perform with its own forces at least \$_____ which equals to ___% of the Total Contract Amount for performing the following products/services for the Contract:

NAICS CODE	WORK ITEM, SPECIFICATION NUMBER, LINE ITEMS OR WORK CATEGORIES (IF APPLICABLE). FOR CONSTRUCTION PROJECTS, GENERAL CONDITIONS MUST BE LISTED SEPARATELY.	DESCRIPTION OF SPECIFIC PRODUCTS AND/OR SERVICES	VALUE OF THE WORK

MBE PRIME CONTRACTOR

Signature of Representative: _____

Printed Name and Title: _____

Firm's Name: _____

Federal Identification Number: _____

Address: _____

Telephone: _____

Date: _____

MBE ATTACHMENT D-4A

Minority Business Enterprise Participation **Prime Contractor Paid/Unpaid MBE Invoice Report**

Report #: _____ Reporting Period (Month/Year): _____ Prime Contractor: Report is due to the MBE Liaison by the 10th of the month following the month the services were provided. Note: Please number reports in sequence	Contract #: _____ Contracting Unit: _____ Contract Amount: _____ MBE Subcontract Amt: _____ Project Begin Date: _____ Project End Date: _____ Services Provided: _____
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Prime Contractor:		Contact Person:																																					
Address:																																							
City:		State:	ZIP:																																				
Phone:	Fax:	E-mail:																																					
MBE Subcontractor Name:		Contact Person:																																					
Phone:	Fax:																																						
Subcontractor Services Provided:																																							
List all payments made to MBE subcontractor named above during this reporting period: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 40%; text-align: center;"><u>Invoice#</u></th> <th style="width: 50%; text-align: center;"><u>Amount</u></th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td></tr> <tr> <td colspan="2">Total Dollars Paid: \$</td> <td>_____</td> </tr> </tbody> </table>			<u>Invoice#</u>	<u>Amount</u>	1.			2.			3.			4.			Total Dollars Paid: \$		_____	List dates and amounts of any outstanding invoices: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 40%; text-align: center;"><u>Invoice #</u></th> <th style="width: 50%; text-align: center;"><u>Amount</u></th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td></tr> <tr> <td colspan="2">Total Dollars Unpaid: \$</td> <td>_____</td> </tr> </tbody> </table>			<u>Invoice #</u>	<u>Amount</u>	1.			2.			3.			4.			Total Dollars Unpaid: \$		_____
	<u>Invoice#</u>	<u>Amount</u>																																					
1.																																							
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	<u>Invoice #</u>	<u>Amount</u>																																					
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2.																																							
3.																																							
4.																																							
Total Dollars Unpaid: \$		_____																																					

- If more than one MBE subcontractor is used for this contract, you must use separate D-4A forms for each subcontractor.
- Information regarding payments that the MBE prime will use for purposes of meeting the MBE participation goals must be reported separately in Attachment D-4B
- Return one copy (hard or electronic) of this form to the following addresses (electronic copy with signature and date is preferred):**

Contract Monitor: _____ Contracting Unit and Address: _____ _____

Signature: _____ **Date:** _____
(Required)

MBE ATTACHMENT D-4B

Minority Business Enterprise Participation

MBE Prime Contractor Report

MBE Prime Contractor: Certification Number: Report #: _____ Reporting Period (Month/Year): _____ MBE Prime Contractor: Report is due to the MBE Liaison by the __ of the month following the month the services were provided. Note: Please number reports in sequence	Contract #: _____ Contracting Unit: _____ Contract Amount: _____ Total Value of the Work to the Self-Performed for purposes of Meeting the MBE participation goal/subgoals: _____ Project Begin Date: _____ Project End Date: _____
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Contact Person:			
Address:			
City:		State:	ZIP:
Phone:	Fax:		E-mail:

[illegible]

Return one copy (hard or electronic) of this form to the following addresses (electronic copy with signature and date is preferred):

Contract Monitor: _____
Contracting Unit and Address: _____

Signature: _____ **Date:** _____
(Required)

Minority Business Enterprise Participation

Subcontractor Paid/Unpaid MBE Invoice Report

Report#: _____ Reporting Period (Month/Year): _____ Report is due by the ____ of the month following the month the services were performed.	Contract #: _____ Contracting Unit: _____ MBE Subcontract Amount: _____ Project Begin Date: _____ Project End Date: _____ Services Provided: _____
------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------

MBE Subcontractor Name: _____																						
MDOT Certification #: _____																						
Contact Person: _____		E-mail: _____																				
Address: _____																						
City: _____	State: _____	ZIP: _____																				
Phone: _____	Fax: _____																					
Subcontractor Services Provided:																						
List all payments received from Prime Contractor during reporting period indicated above. <table style="width: 100%;"> <thead> <tr> <th style="text-align: center;"><u>Invoice Amt</u></th> <th style="text-align: center;"><u>Date</u></th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td></tr> <tr> <td colspan="2">Total Dollars Paid: \$ _____</td> </tr> </tbody> </table>		<u>Invoice Amt</u>	<u>Date</u>	1. _____	_____	2. _____	_____	3. _____	_____	Total Dollars Paid: \$ _____		List dates and amounts of any unpaid invoices over 30 days old. <table style="width: 100%;"> <thead> <tr> <th style="text-align: center;"><u>Invoice Amt</u></th> <th style="text-align: center;"><u>Date</u></th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td></tr> <tr> <td colspan="2">Total Dollars Unpaid: \$ _____</td> </tr> </tbody> </table>	<u>Invoice Amt</u>	<u>Date</u>	1. _____	_____	2. _____	_____	3. _____	_____	Total Dollars Unpaid: \$ _____	
<u>Invoice Amt</u>	<u>Date</u>																					
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2. _____	_____																					
3. _____	_____																					
Total Dollars Paid: \$ _____																						
<u>Invoice Amt</u>	<u>Date</u>																					
1. _____	_____																					
2. _____	_____																					
3. _____	_____																					
Total Dollars Unpaid: \$ _____																						
Prime Contractor: _____		Contact Person: _____																				

Return one copy (hard or electronic) of this form to the following addresses (electronic copy with signature and date is preferred):

Contract Monitor: _____ Contracting Unit and Address: _____ _____ _____ _____

Signature: _____ **Date:** _____
 (Required)

ATTACHMENT E – PRE-PROPOSAL CONFERENCE RESPONSE FORM

**Solicitation Number OPASS 16-14341
Quality of Life Survey**

A Pre-Proposal Conference will be held at 10:00 am local time, on February 23, 2015, at Maryland Department of Health and Mental Hygiene, 201 W. Preston Street, Lobby Room L-4, Baltimore, MD 21201. Please return this form by February 20, 2015, advising whether or not you plan to attend.

Return via e-mail or fax this form to the Procurement Coordinator:

Allegra Daye
Office of Procurement and Support Services (OPASS)
Department of Health and Mental Hygiene (DHMH)
201 W. Preston Street 4th Floor
Baltimore, MD 21201
Email: allegra.daye@maryland.gov
Fax #: 410-333-5958
Phone#: 410-767-5741

Please indicate:

_____ Yes, the following representatives will be in attendance:

- 1.
- 2.
- 3.

_____ No, we will not be in attendance.

Please specify whether any reasonable accommodations are requested (see RFP § 1.7 “Pre-Proposal Conference”):

Signature

Title

Name of Firm (please print)

ATTACHMENT F – FINANCIAL PROPOSAL INSTRUCTIONS

In order to assist Offerors in the preparation of their Financial Proposal and to comply with the requirements of this solicitation, Financial Proposal Instructions and a Financial Proposal Form have been prepared. Offerors shall submit their Financial Proposal on the Financial Proposal Form in accordance with the instructions on the Financial Proposal Form and as specified herein. Do not alter the Financial Proposal Form or the Proposal may be determined to be not reasonably susceptible of being selected for award. The Financial Proposal Form is to be signed and dated, where requested, by an individual who is authorized to bind the Offeror to the prices entered on the Financial Proposal Form.

The Financial Proposal Form is used to calculate the Offeror's TOTAL PROPOSAL PRICE. Follow these instructions carefully when completing your Financial Proposal Form:

- A) All Unit and Extended Prices must be clearly entered in dollars and cents, e.g., \$24.15. Make your decimal points clear and distinct.
- B) All Unit Prices must be the actual price per unit the State will pay for the specific item or service identified in this RFP and may not be contingent on any other factor or condition in any manner.
- C) All calculations shall be rounded to the nearest cent, i.e., .344 shall be .34 and .345 shall be .35.
- D) Any goods or services required through this RFP and proposed by the vendor at **No Cost to the State** must be clearly entered in the Unit Price, if appropriate, and Extended Price with **\$0.00**.
- E) Every blank in every Financial Proposal Form shall be filled in. Any changes or corrections made to the Financial Proposal Form by the Offeror prior to submission shall be initialed and dated.
- F) Except as instructed on the Financial Proposal Form, nothing shall be entered on or attached to the Financial Proposal Form that alters or proposes conditions or contingencies on the prices. Alterations and/or conditions may render the Proposal not reasonably susceptible of being selected for award.
- G) It is imperative that the prices included on the Financial Proposal Form have been entered correctly and calculated accurately by the Offeror and that the respective total prices agree with the entries on the Financial Proposal Form. Any incorrect entries or inaccurate calculations by the Offeror will be treated as provided in COMAR 21.05.03.03E and 21.05.02.12, and may cause the Proposal to be rejected.
- H) If option years are included, Offerors must submit pricing for each option year. Any option to renew will be exercised at the sole discretion of the State and will comply with all terms and conditions in force at the time the option is exercised. If exercised, the option period shall be for a period identified in the RFP at the prices entered in the Financial Proposal Form.
- I) All Financial Proposal prices entered below are to be fully loaded prices that include all costs/expenses associated with the provision of services as required by the RFP. The Financial Proposal price shall include, but is not limited to, all: labor, profit/overhead, general operating, administrative, and all other expenses and costs necessary to perform the work set forth in the solicitation. No other amounts will be paid to the Contractor. If labor rates are requested, those amounts shall be fully-loaded rates; no overtime amounts will be paid.
- J) Unless indicated elsewhere in the RFP, sample amounts used for calculations on the Financial Proposal Form are typically estimates for evaluation purposes only. Unless stated otherwise in the RFP, the Department does not guarantee a minimum or maximum number of units or usage in the performance of this Contract.
- K) Failure to adhere to any of these instructions may result in the Proposal being determined not reasonably susceptible of being selected for award.

ATTACHMENT F – FINANCIAL PROPOSAL FORM**FINANCIAL PROPOSAL FORM**

The Financial Proposal Form shall contain all price information in the format specified on these pages. Complete the Financial Proposal Form only as provided in the Financial Proposal Instructions. Do not amend, alter or leave blank any items on the Financial Proposal Form. If Option Periods are included, Offerors must submit pricing for each Option Period. Failure to adhere to any of these instructions may result in the Proposal being determined not reasonably susceptible of being selected for award.

Base Contract Period

Description of Services	Price
Total for Base Contract Period	\$

OPTION Period 1

Description of Services	Price
Total for Option Period 1	\$

OPTION Period 2

Description of Services	Price
Total for Option Period 2	\$

TOTAL PROPOSAL PRICE (Sum of Base Contract Period and Option Periods= \$ _____
(BASIS FOR AWARD)

Submitted By:

Authorized Signature: _____ Date: _____

Printed Name and Title: _____

Company Name: _____

Company Address: _____

Location(s) from which services will be performed (City/State): _____

FEIN: _____

eMM #: _____

Telephone: (_____) _____ -- _____

Fax: (_____) _____ -- _____

E-mail: _____

ATTACHMENT G – LIVING WAGE REQUIREMENTS FOR SERVICE CONTRACTS

Living Wage Requirements for Service Contracts

- A. This contract is subject to the Living Wage requirements under Md. Code Ann., State Finance and Procurement Article, Title 18, and the regulations proposed by the Commissioner of Labor and Industry (Commissioner). The Living Wage generally applies to a Contractor or Subcontractor who performs work on a State contract for services that is valued at \$100,000 or more. An employee is subject to the Living Wage if he/she is at least 18 years old or will turn 18 during the duration of the contract; works at least 13 consecutive weeks on the State Contract and spends at least one-half of the employee's time during any work week on the State Contract.
- B. The Living Wage Law does not apply to:
- (1) A Contractor who:
 - (a) Has a State contract for services valued at less than \$100,000, or
 - (b) Employs 10 or fewer employees and has a State contract for services valued at less than \$500,000.
 - (2) A Subcontractor who:
 - (a) Performs work on a State contract for services valued at less than \$100,000,
 - (b) Employs 10 or fewer employees and performs work on a State contract for services valued at less than \$500,000, or
 - (c) Performs work for a Contractor not covered by the Living Wage Law as defined in B(1)(b) above, or B(3) or C below.
 - (3) Service contracts for the following:
 - (a) Services with a Public Service Company;
 - (b) Services with a nonprofit organization;
 - (c) Services with an officer or other entity that is in the Executive Branch of the State government and is authorized by law to enter into a procurement ("Unit"); or
 - (d) Services between a Unit and a County or Baltimore City.
- C. If the Unit responsible for the State contract for services determines that application of the Living Wage would conflict with any applicable Federal program, the Living Wage does not apply to the contract or program.
- D. A Contractor must not split or subdivide a State contract for services, pay an employee through a third party, or treat an employee as an independent Contractor or assign work to employees to avoid

the imposition of any of the requirements of Md. Code Ann., State Finance and Procurement Article, Title 18.

- E. Each Contractor/Subcontractor, subject to the Living Wage Law, shall post in a prominent and easily accessible place at the work site(s) of covered employees a notice of the Living Wage Rates, employee rights under the law, and the name, address, and telephone number of the Commissioner.
- F. The Commissioner shall adjust the wage rates by the annual average increase or decrease, if any, in the Consumer Price Index for all urban consumers for the Washington/Baltimore metropolitan area, or any successor index, for the previous calendar year, not later than 90 days after the start of each fiscal year. The Commissioner shall publish any adjustments to the wage rates on the Division of Labor and Industry's website. An employer subject to the Living Wage Law must comply with the rate requirements during the initial term of the contract and all subsequent renewal periods, including any increases in the wage rate, required by the Commissioner, automatically upon the effective date of the revised wage rate.
- G. A Contractor/Subcontractor who reduces the wages paid to an employee based on the employer's share of the health insurance premium, as provided in Md. Code Ann., State Finance and Procurement Article, §18-103(c), shall not lower an employee's wage rate below the minimum wage as set in Md. Code Ann., Labor and Employment Article, §3-413. A Contractor/Subcontractor who reduces the wages paid to an employee based on the employer's share of health insurance premium shall comply with any record reporting requirements established by the Commissioner.
- H. A Contractor/Subcontractor may reduce the wage rates paid under Md. Code Ann., State Finance and Procurement Article, §18-103(a), by no more than 50 cents of the hourly cost of the employer's contribution to an employee's deferred compensation plan. A Contractor/Subcontractor who reduces the wages paid to an employee based on the employer's contribution to an employee's deferred compensation plan shall not lower the employee's wage rate below the minimum wage as set in Md. Code Ann., Labor and Employment Article, §3-413.
- I. Under Md. Code Ann., State Finance and Procurement Article, Title 18, if the Commissioner determines that the Contractor/Subcontractor violated a provision of this title or regulations of the Commissioner, the Contractor/Subcontractor shall pay restitution to each affected employee, and the State may assess liquidated damages of \$20 per day for each employee paid less than the Living Wage.
- J. Information pertaining to reporting obligations may be found by going to the Division of Labor and Industry website <http://www.dllr.state.md.us/labor/> and clicking on Living Wage for State Service Contracts.

Maryland Living Wage Requirements Affidavit of Agreement

(submit with Bid/Proposal)

Contract No. 16-14341

Name of Contractor _____

Address _____

City _____ State _____ Zip Code _____

If the Contract Is Exempt from the Living Wage Law

The Undersigned, being an authorized representative of the above named Contractor, hereby affirms that the Contract is exempt from Maryland's Living Wage Law for the following reasons (check all that apply):

- ☐ Bidder/Offeror is a nonprofit organization
- ☐ Bidder/Offeror is a public service company
- ☐ Bidder/Offeror employs 10 or fewer employees and the proposed contract value is less than \$500,000
- ☐ Bidder/Offeror employs more than 10 employees and the proposed contract value is less than \$100,000

If the Contract Is a Living Wage Contract

- A. The Undersigned, being an authorized representative of the above-named Contractor, hereby affirms its commitment to comply with Title 18, State Finance and Procurement Article, Annotated Code of Maryland and, if required, to submit all payroll reports to the Commissioner of Labor and Industry with regard to the above stated contract. The Bidder/Offeror agrees to pay covered employees who are subject to living wage at least the living wage rate in effect at the time service is provided for hours spent on State contract activities, and to ensure that its Subcontractors who are not exempt also pay the required living wage rate to their covered employees who are subject to the living wage for hours spent on a State contract for services. The Contractor agrees to comply with, and ensure its Subcontractors comply with, the rate requirements during the initial term of the contract and all subsequent renewal periods, including any increases in the wage rate established by the Commissioner of Labor and Industry, automatically upon the effective date of the revised wage rate.
- B. _____ (initial here if applicable) The Bidder/Offeror affirms it has no covered employees for the following reasons: (check all that apply):

- ☐ The employee(s) proposed to work on the contract will spend less than one-half of the employee's time during any work week on the contract

- ☐ The employee(s) proposed to work on the contract is 17 years of age or younger during the duration of the contract; or
- ☐ The employee(s) proposed to work on the contract will work less than 13 consecutive weeks on the State contract.

The Commissioner of Labor and Industry reserves the right to request payroll records and other data that the Commissioner deems sufficient to confirm these affirmations at any time.

Name of Authorized Representative: _____

Signature of Authorized Representative

Date

Title

Witness Name (Typed or Printed)

Witness Signature

Date

(submit with Bid/Proposal)

ATTACHMENT H - FEDERAL FUNDS ATTACHMENT

A Summary of Certain Federal Fund Requirements and Restrictions

1. Form and rule enclosed: 18 U.S.C. 1913 and Section 1352 of P.L. 101-121 require that all *prospective* and present sub-grantees (this includes all levels of funding) who receive more than \$100,000 in federal funds must submit the form "Certification Against Lobbying." It assures, generally, that recipients will not lobby federal entities with federal funds, and that, as is required, they will disclose other lobbying on form SF- LLL.
2. Form and instructions enclosed: "Form LLL, Disclosure of Lobbying Activities" must be submitted by those receiving more than \$100,000 in federal funds, to disclose any lobbying of federal entities (a) with profits from federal contracts or (b) funded with nonfederal funds.
3. Form and summary of Act enclosed: Sub-recipients of federal funds on any level must complete a "Certification Regarding Environmental Tobacco Smoke," required by Public Law 103-227, the Pro-Children Act of 1994. Such law prohibits smoking in any portion of any indoor facility owned or leased or contracted for regular provision of health, day care, early childhood development, education, or library services for children under the age of 18. Such language must be included in the conditions of award (they are included in the certification, which may be part of such conditions.) This does not apply to those solely receiving Medicaid or Medicare, or facilities where WIC coupons are redeemed.
4. In addition, federal law requires that:
 - A) OMB Circular A-133, Audits of States, Local Governments and Non-Profit Organizations requires that grantees (both recipients and sub-recipients) which expend a total of \$300,000 or more (*\$500,000 for fiscal years ending after December 31, 2003*) in federal assistance shall have a single or program-specific audit conducted for that year in accordance with the provisions of the Single Audit Act of 1984, P.L. 98-502, and the Single Audit Act Amendments of 1996, P.L. 104-156 and the Office of Management and Budget (OMB) Circular A-133. All sub-grantee audit reports, performed in compliance with the aforementioned Circular shall be forwarded within 30 days of report issuance to the Department Contract Monitor.
 - B) All sub-recipients of federal funds comply with Sections 503 and 504 of the Rehabilitation Act of 1973, the conditions of which are summarized in item (C).
 - C) Recipients of \$10,000 or more (on any level) must include in their contract language the requirements of Sections 503 (language specified) and 504 referenced in item (B).

Section 503 of the Rehabilitation Act of 1973, as amended, requires recipients to take affirmative action to employ and advance in employment qualified disabled people. An affirmative action program must be prepared and maintained by all contractors with 50 or more employees and one or more federal contracts of \$50,000 or more.

This clause must appear in subcontracts of \$10,000 or more:

- a) The contractor will not discriminate against any employee or applicant for employment because of physical or mental handicap in regard to any position for which the employee or applicant for employment is qualified. The contractor agrees to take affirmative action to employ, advance in employment and otherwise treat qualified handicapped individuals without discrimination based upon their physical or mental handicap in all upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.

- b) The contractor agrees to comply with the rules, regulations, and relevant orders of the secretary of labor issued pursuant to the act.
- c) In the event of the contractor's non-compliance with the requirements of this clause, actions for non-compliance may be taken in accordance with the rules, regulations and relevant orders of the secretary of labor issued pursuant to the act.
- d) The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices in a form to be prescribed by the director, provided by or through the contracting office. Such notices shall state the contractor's obligation under the law to take affirmative action to employ and advance in employment qualified handicapped employees and applicants for employment, and the rights of applicants and employees.
- e) The contractor will notify each labor union or representative of workers with which it has a collective bargaining agreement or other contract understanding, that the contractor is bound by the terms of Section 503 of the Rehabilitation Act of 1973, and is committed to take affirmative action to employ and advance in employment physically and mentally handicapped individuals.
- f) The contractor will include the provisions of this clause in every subcontract or purchase order of \$10,000 or more unless exempted by rules, regulations, or orders of the [federal] secretary issued pursuant to Section 503 of the Act, so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as the director of the Office of Federal Contract Compliance Programs may direct to enforce such provisions, including action for non-compliance.

Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Sec. 791 et seq.) prohibits discrimination on the basis of handicap in all federally assisted programs and activities. It requires the analysis and making of any changes needed in three general areas of operation- programs, activities, and facilities and employment. It states, among other things, that:

Grantees that provide health ... services should undertake tasks such as ensuring emergency treatment for the hearing impaired and making certain that persons with impaired sensory or speaking skills are not denied effective notice with regard to benefits, services, and waivers of rights or consents to treatments.

- D) All sub-recipients comply with Title VI of the Civil Rights Act of 1964 that they must not discriminate in participation by race, color, or national origin.
- E) All sub-recipients of federal funds from SAMHSA (Substance Abuse and Mental Health Services Administration) or NIH (National Institute of Health) are prohibited from paying any direct salary at a rate more than Executive Level 1 per year. (This includes, but is not limited to, sub-recipients of the Substance Abuse Prevention and Treatment and the Community Mental Health Block Grants and NIH research grants.)
- F) There may be no discrimination on the basis of age, according to the requirements of the Age Discrimination Act of 1975.
- G) For any education program, as required by Title IX of the Education Amendments of 1972, there may be no discrimination on the basis of sex.
- H) For research projects, a form for Protection of Human Subjects (Assurance/ Certification/ Declaration) should be completed by each level funded, assuring that either: (1) there are no human subjects involved, or that (2) an Institutional Review Board (IRB) has given its formal approval before human subjects are

involved in research. [This is normally done during the application process rather than after the award is made, as with other assurances and certifications.]

- I) In addition, there are conditions, requirements, and restrictions which apply only to specific sources of federal funding. These should be included in your grant/contract documents when applicable.

U.S. Department of Health and Human Services

CERTIFICATION REGARDING LOBBYING**Certification for Contracts, Grants, Loans, and Cooperative Agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Award No.	Organizational Entry
Name and Title of Official Signing for Organizational Entry	Telephone No. Of Signing Official
Signature of Above Official	Date Signed

1. Type of Federal Action: <input type="checkbox"/> a. Contract <input type="checkbox"/> b. Grant <input type="checkbox"/> c. Cooperative Agreement <input type="checkbox"/> d. Loan <input type="checkbox"/> e. Loan guarantee <input type="checkbox"/> f. Loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. Bid/offer/application <input type="checkbox"/> b. Initial award <input type="checkbox"/> c. Post-award	3. Report Type: <input type="checkbox"/> a. Initial filing <input type="checkbox"/> b. Material change For Material Change Only: Year _____ quarter _____ Date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: _____	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known: _____	
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): _____		
b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): _____		
11. Amount of Payment (check all that apply) \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned	13. Type of Payment (check all that apply) <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____	
12. Form of Payment (check all that apply) <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature _____ value _____		
14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11: <div style="text-align: center;">(attach Continuation Sheet(s) SF-LLLA, if necessary)</div>		
15. Continuation Sheet(s) SF-LLLA attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		
16. Information requested through this form is authorized by title 31 U.S.C. Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____
Federal Use Only:		Authorized for Local Reproduction Standard Form 111 (Rev. 7-97)

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether sub-awardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. Section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub-award recipient. Identify the tier of the sub-awardee, e.g., the first sub-awardee of the prime is the 1st tier. Sub-awards include but are not limited to subcontracts, sub-grants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Sub-awardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.
10. (b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form and print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service
Health Resources and
Service Administration
Rockville, MD 20857

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro Children Act of 1994, Part C Environmental Tobacco Smoke, requires that smoking not be permitted in any portion of any indoor facility owned, or leased or contracted for by an entity and used routinely or regularly for provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated or maintained with such Federal funds. The law does not apply to children's services provided in private residences, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole sources of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the offeror/contractor (for acquisitions) or applicant/grantee (for grants) certifies that the submitting organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The submitting organization further agrees that it will require the language of this certification be included in any sub-awards which contain provisions for children's services and that all sub-recipients shall certify accordingly.

Signature of Authorized Certifying Individual

ATTACHMENT I – CONFLICT OF INTEREST AFFIDAVIT AND DISCLOSURE

Reference COMAR 21.05.08.08 (submit with Bid/Proposal)

A. "Conflict of interest" means that because of other activities or relationships with other persons, a person is unable or potentially unable to render impartial assistance or advice to the State, or the person's objectivity in performing the contract work is or might be otherwise impaired, or a person has an unfair competitive advantage.

B. "Person" has the meaning stated in COMAR 21.01.02.01B(64) and includes a Bidder/Offeror, Contractor, consultant, or subcontractor or sub-consultant at any tier, and also includes an employee or agent of any of them if the employee or agent has or will have the authority to control or supervise all or a portion of the work for which a Bid/Proposal is made.

C. The Bidder/Offeror warrants that, except as disclosed in §D, below, there are no relevant facts or circumstances now giving rise or which could, in the future, give rise to a conflict of interest.

D. The following facts or circumstances give rise or could in the future give rise to a conflict of interest (explain in detail—attach additional sheets if necessary):

E. The Bidder/Offeror agrees that if an actual or potential conflict of interest arises after the date of this affidavit, the Bidder/Offeror shall immediately make a full disclosure in writing to the procurement officer of all relevant facts and circumstances. This disclosure shall include a description of actions which the Bidder/Offeror has taken and proposes to take to avoid, mitigate, or neutralize the actual or potential conflict of interest. If the contract has been awarded and performance of the contract has begun, the Contractor shall continue performance until notified by the procurement officer of any contrary action to be taken.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Date:_____ By:_____
(Authorized Representative and Affiant)

ATTACHMENT J – NON-DISCLOSURE AGREEMENT

THIS NON-DISCLOSURE AGREEMENT (“Agreement”) is made by and between the State of Maryland (the “State”), acting by and through its Department of Health and Mental Hygiene (the “Department”), and _____ (the “Contractor”).

RECITALS

WHEREAS, the Contractor has been awarded a contract (the “Contract”) following the solicitation for Quality of Life Survey Solicitation # DHMH OPASS 16-14341; and

WHEREAS, in order for the Contractor to perform the work required under the Contract, it will be necessary for the State at times to provide the Contractor and the Contractor’s employees, agents, and subcontractors (collectively the “Contractor’s Personnel”) with access to certain information the State deems confidential information (the “Confidential Information”).

NOW, THEREFORE, in consideration of being given access to the Confidential Information in connection with the IFB and the Contract, and for other good and valuable consideration, the receipt and sufficiency of which the parties acknowledge, the parties do hereby agree as follows:

1. Confidential Information means any and all information provided by or made available by the State to the Contractor in connection with the Contract, regardless of the form, format, or media on or in which the Confidential Information is provided and regardless of whether any such Confidential Information is marked as such. Confidential Information includes, by way of example only, information that the Contractor views, takes notes from, copies (if the State agrees in writing to permit copying), possesses or is otherwise provided access to and use of by the State in relation to the Contract.
2. Contractor shall not, without the State’s prior written consent, copy, disclose, publish, release, transfer, disseminate, use, or allow access for any purpose or in any form, any Confidential Information provided by the State except for the sole and exclusive purpose of performing under the Contract. Contractor shall limit access to the Confidential Information to the Contractor’s Personnel who have a demonstrable need to know such Confidential Information in order to perform under the Contract and who have agreed in writing to be bound by the disclosure and use limitations pertaining to the Confidential Information. The names of the Contractor’s Personnel are attached hereto and made a part hereof as ATTACHMENT J-1. Contractor shall update ATTACHMENT J-1 by adding additional names (whether Contractor’s personnel or a subcontractor’s personnel) as needed, from time to time.
3. If the Contractor intends to disseminate any portion of the Confidential Information to non-employee agents who are assisting in the Contractor’s performance of the IFB or who will otherwise have a role in performing any aspect of the IFB, the Contractor shall first obtain the written consent of the State to any such dissemination. The State may grant, deny, or condition any such consent, as it may deem appropriate in its sole and absolute subjective discretion.
4. Contractor hereby agrees to hold the Confidential Information in trust and in strictest confidence, to adopt or establish operating procedures and physical security measures, and to take all other measures necessary to protect the Confidential Information from inadvertent release or disclosure to unauthorized third parties and to prevent all or any portion of the Confidential Information from falling into the public domain or into the possession of persons not bound to maintain the confidentiality of the Confidential Information.
5. Contractor shall promptly advise the State in writing if it learns of any unauthorized use, misappropriation, or disclosure of the Confidential Information by any of the Contractor’s Personnel or the Contractor’s former Personnel. Contractor shall, at its own expense, cooperate with the State in seeking injunctive or other equitable relief against any such person(s).

6. Contractor shall, at its own expense, return to the Department, all copies of the Confidential Information in its care, custody, control or possession upon request of the Department or on termination of the Contract.
7. A breach of this Agreement by the Contractor or by the Contractor's Personnel shall constitute a breach of the Contract between the Contractor and the State.
8. Contractor acknowledges that any failure by the Contractor or the Contractor's Personnel to abide by the terms and conditions of use of the Confidential Information may cause irreparable harm to the State and that monetary damages may be inadequate to compensate the State for such breach. Accordingly, the Contractor agrees that the State may obtain an injunction to prevent the disclosure, copying or improper use of the Confidential Information. The Contractor consents to personal jurisdiction in the Maryland State Courts. The State's rights and remedies hereunder are cumulative and the State expressly reserves any and all rights, remedies, claims and actions that it may have now or in the future to protect the Confidential Information and to seek damages from the Contractor and the Contractor's Personnel for a failure to comply with the requirements of this Agreement. In the event the State suffers any losses, damages, liabilities, expenses, or costs (including, by way of example only, attorneys' fees and disbursements) that are attributable, in whole or in part to any failure by the Contractor or any of the Contractor's Personnel to comply with the requirements of this Agreement, the Contractor shall hold harmless and indemnify the State from and against any such losses, damages, liabilities, expenses, and costs.
9. Contractor and each of the Contractor's Personnel who receive or have access to any Confidential Information shall execute a copy of an agreement substantially similar to this Agreement, in no event less restrictive than as set forth in this Agreement, and the Contractor shall provide originals of such executed Agreements to the State.
10. The parties further agree that:
 - a. This Agreement shall be governed by the laws of the State of Maryland;
 - b. The rights and obligations of the Contractor under this Agreement may not be assigned or delegated, by operation of law or otherwise, without the prior written consent of the State;
 - c. The State makes no representations or warranties as to the accuracy or completeness of any Confidential Information;
 - d. The invalidity or unenforceability of any provision of this Agreement shall not affect the validity or enforceability of any other provision of this Agreement;
 - e. Signatures exchanged by facsimile are effective for all purposes hereunder to the same extent as original signatures;
 - f. The Recitals are not merely prefatory but are an integral part hereof; and
 - g. The effective date of this Agreement shall be the same as the effective date of the Contract entered into by the parties.

IN WITNESS WHEREOF, the parties have, by their duly authorized representatives, executed this Agreement as of the day and year first above written.

Contractor: _____

Maryland Department of Health and Mental Hygiene

By: _____ (SEAL)

By: _____

Printed Name: _____

Printed Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

NON-DISCLOSURE AGREEMENT - ATTACHMENT J-1

**LIST OF CONTRACTOR'S EMPLOYEES AND AGENTS WHO WILL BE GIVEN ACCESS TO
THE CONFIDENTIAL INFORMATION**

[illegible]

NON-DISCLOSURE AGREEMENT – ATTACHMENT J-2

CERTIFICATION TO ACCOMPANY RETURN OF CONFIDENTIAL INFORMATION

I AFFIRM THAT:

To the best of my knowledge, information, and belief, and upon due inquiry, I hereby certify that: (i) all Confidential Information which is the subject matter of that certain Non-Disclosure Agreement by and between the State of Maryland and

_____, (“Contractor”) dated _____, 20____ (“Agreement”) is attached hereto and is hereby returned to the State in accordance with the terms and conditions of the Agreement; and (ii) I am legally authorized to bind the Contractor to this affirmation.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF, HAVING MADE DUE INQUIRY.

DATE: _____

NAME OF CONTRACTOR: _____

BY: _____
(Signature)

TITLE: _____
(Authorized Representative and Affiant)

ATTACHMENT K – HIPAA BUSINESS ASSOCIATE AGREEMENT

BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement (the “Agreement”) is made by and between the Developmental Disabilities Administration, a unit of the Maryland Department of Health and Mental Hygiene (herein referred to as “Covered Entity”) and _____ (hereinafter known as “Business Associate”). Covered Entity and Business Associate shall collectively be known herein as the “Parties.”

WHEREAS, Covered Entity has a business relationship with Business Associate that is memorialized in a separate agreement (the “Underlying Agreement”) pursuant to which Business Associate may be considered a “business associate” of Covered Entity as defined in the Health Insurance Portability and Accountability Act of 1996 including all pertinent privacy regulations (45 C.F.R. Parts 160 and 164) and security regulations (45 C.F.R. Parts 160, 162, and 164), as amended from time to time, issued by the U.S. Department of Health and Human Services as either have been amended by Subtitle D of the Health Information Technology for Economic and Clinical Health Act (the “HITECH Act”), as Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009 (Pub. L. 111–5) (collectively, “HIPAA”); and

WHEREAS, the nature of the contractual relationship between Covered Entity and Business Associate may involve the exchange of Protected Health Information (“PHI”) as that term is defined under HIPAA; and

WHEREAS, for good and lawful consideration as set forth in the Underlying Agreement, Covered Entity and Business Associate enter into this Agreement for the purpose of ensuring compliance with the requirements of HIPAA and the Maryland Confidentiality of Medical Records Act (Md. Ann. Code, Health-General §§ 4-301 *et seq.*) (“MCMRA”); and

WHEREAS, this Agreement supersedes and replaces any and all Business Associate Agreements the Covered Entity and Business Associate may have entered into prior to the date hereof;

NOW THEREFORE, the premises having been considered and with acknowledgment of the mutual promises and of other good and valuable consideration herein contained, the Parties, intending to be legally bound, hereby agree as follows:

DEFINITIONS.

- A. Catch-all definition. The following terms used in this Agreement, whether capitalized or not, shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.
- B. Specific definitions:
 - 1. Business Associate. “Business Associate” shall generally have the same meaning as the term “business associate” at 45 C.F.R. 160.103, and in reference to the party to this agreement, shall mean _____.

2. Covered Entity. “Covered Entity” shall generally have the same meaning as the term “covered entity” at 45 C.F.R. § 160.103, and in reference to the party to this agreement, shall mean Developmental Disabilities Administration
3. HIPAA Rules. “HIPAA Rules” shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 C.F.R. Parts 160 and Part 164.
4. Protected Health Information (“PHI”). Protected Health Information or “PHI” shall generally have the same meaning as the term “protected health information” at 45 C.F.R. § 160.103.

PERMITTED USES AND DISCLOSURES OF PHI BY BUSINESS ASSOCIATE

- A. Business Associate may only use or disclose PHI as necessary to perform the services set forth in the Underlying Agreement or as required by law.
- B. Business Associate agrees to make uses and disclosures and requests for PHI consistent with Covered Entity’s policies and procedures regarding minimum necessary use of PHI.
- C. Business Associate may not use or disclose PHI in a manner that would violate Subpart E of 45 C.F.R. Part 164 if done by Covered Entity.
- D. Business Associate may, if directed to do so in writing by Covered Entity, create a limited data set, as defined at 45 CFR 164.514(e)(2) , for use in public health, research, or health care operations. Any such limited data sets shall omit any of the identifying information listed in 45 CFR § 164.514(e)(2). Business Associate will enter into a valid, HIPAA-compliant Data Use Agreement, as described in 45 CFR § 164.514(e)(4), with the limited data set recipient. Business Associate will report any material breach or violation of the data use agreement to Covered Entity immediately after it becomes aware of any such material breach or violation.
- E. Except as otherwise limited in this Agreement, Business Associate may disclose PHI for the proper management and administration, or legal responsibilities of the Business Associate, provided that disclosures are Required By Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
- F. The Business Associate shall not directly or indirectly receive remuneration in exchange for any PHI of an Individual pursuant to §§13405(d)(1) and (2) of the HITECH Act. This prohibition does not apply to the State’s payment of Business Associate for its performance pursuant to the Underlying Agreement.
- G. The Business Associate shall comply with the limitations on marketing and fundraising communications provided in §13406 of the HITECH Act in connection with any PHI of Individuals.

DUTIES OF BUSINESS ASSOCIATE RELATIVE TO PHI.

- A. Business Associate agrees that it will not use or disclose PHI other than as permitted or required by the Agreement or as Required by Law;
- B. Business Associate agrees to use appropriate administrative, technical and physical safeguards to protect the privacy of PHI.
- C. Business Associate agrees to use appropriate safeguards, and comply with Subpart C of 45 C.F.R. Part 164 with respect to electronic PHI, to prevent use or disclosure of PHI other than as provided for by the Agreement;
- D.
 - 1. Business Associate agrees to Report to Covered Entity any use or disclosure of PHI not provided for by the Agreement of which it becomes aware, including breaches of unsecured PHI as required by 45 C.F.R. § 164.410, and any Security Incident of which it becomes aware without reasonable delay, and in no case later than fifteen calendar days after the use or disclosure;
 - 2. If the use or disclosure amounts to a breach of unsecured PHI, the Business Associate shall ensure its report:
 - A. Is made to Covered Entity without unreasonable delay and in no case later than fifteen (15) calendar days after the incident constituting the Breach is first known, except where a law enforcement official determines that a notification would impede a criminal investigation or cause damage to national security. For purposes of clarity for this Section III.D.1, Business Associate must notify Covered Entity of an incident involving the acquisition, access, use or disclosure of PHI in a manner not permitted under 45 C.F.R. Part E within fifteen (15) calendar days after an incident even if Business Associate has not conclusively determined within that time that the incident constitutes a Breach as defined by HIPAA;
 - B. Includes the names of the Individuals whose Unsecured PHI has been, or is reasonably believed to have been, the subject of a Breach;
 - C. Is in substantially the same form as **ATTACHMENT K-1** attached hereto; and
 - D. Includes a draft letter for the Covered Entity to utilize to notify the affected Individuals that their Unsecured PHI has been, or is reasonably believed to have been, the subject of a Breach that includes, to the extent possible:
 - i) A brief description of what happened, including the date of the Breach and the date of the discovery of the Breach, if known;
 - ii) A description of the types of Unsecured PHI that were involved in the Breach (such as full name, Social Security number, date of birth, home address, account number, disability code, or other types of information that were involved);
 - iii) Any steps the affected Individuals should take to protect themselves from potential harm resulting from the Breach;

- iv) A brief description of what the Covered Entity and the Business Associate are doing to investigate the Breach, to mitigate losses, and to protect against any further Breaches; and
 - v) Contact procedures for the affected Individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, website, or postal address.
- E. To the extent permitted by the Underlying Agreement, Business Associate may use agents and subcontractors. In accordance with 45 C.F.R. §§ 164.502(e)(1)(ii) and 164.308(b)(2) shall ensure that any subcontractors that create, receive, maintain, or transmit PHI on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such information, Business Associate must enter into Business Associate Agreements with subcontractors as required by HIPAA;
- F. Business Associate agrees it will make available PHI in a designated record set to the Covered Entity, or, as directed by the Covered Entity, to an individual, as necessary to satisfy Covered Entity's obligations under 45 C.F.R. § 164.524, including, if requested, a copy in electronic format;
- G. Business Associate agrees it will make any amendment(s) to PHI in a designated record set as directed or agreed to by the Covered Entity pursuant to 45 C.F.R. § 164.526, or take other measures as necessary to satisfy Covered Entity's obligations under 45 C.F.R. § 164.526;
- H. Business Associate agrees to maintain and make available the information required to provide an accounting of disclosures to the Covered Entity or, as directed by the Covered Entity, to an individual, as necessary to satisfy Covered Entity's obligations under 45 C.F.R. § 164.528;
- I. To the extent the Business Associate is to carry out one or more of Covered Entity's obligation(s) under Subpart E of 45 C.F.R. Part 164, comply with the requirements of Subpart E that apply to the Covered Entity in the performance of such obligation(s);
- J. Business Associate agrees to make its internal practices, books, and records, including PHI, available to the Covered Entity and/or the Secretary for purposes of determining compliance with the HIPAA Rules.
- K. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Agreement.

IV. TERM AND TERMINATION

- A. Term. The Term of this Agreement shall be effective as of the effective date of the Contract entered into following the solicitation for Quality Of Life Survey, Solicitation # DHMH OPASS 16-14341, and shall terminate when all of the PHI provided by Covered Entity to Business Associate, or the PHI created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, in accordance with the termination provisions in this Section IV, or on the date the Covered Entity terminates for

cause as authorized in paragraph (b) of this Section, whichever is sooner. If it is impossible to return or destroy all of the PHI provided by Covered Entity to Business Associate, or the PHI created or received by Business Associate on behalf of Covered Entity, Business Associate's obligations under this contract shall be ongoing with respect to that information, unless and until a separate written agreement regarding that information is entered into with Covered Entity.

B. Termination for Cause. Upon Covered Entity's knowledge of a material breach of this Agreement by Business Associate, Covered Entity shall:

1. Provide an opportunity for Business Associate to cure the breach or end the violation and, if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity, terminate this Agreement; or
2. Immediately terminate this Agreement if Business Associate has breached a material term of this Agreement and Covered entity determines or reasonably believes that cure is not possible.

C. Effect of Termination.

1. Upon termination of this Agreement, for any reason, Business Associate shall return or, if agreed to by Covered Entity, destroy all PHI received from Covered Entity, or created, maintained, or received by Business Associate on behalf of Covered Entity, that the Business Associate still maintains in any form. Business Associate shall retain no copies of the PHI. This provision shall apply to PHI that is in the possession of subcontractors or agents of Business Associate.
2. Should Business Associate make an intentional or grossly negligent Breach of PHI in violation of this Agreement or HIPAA or an intentional or grossly negligent disclosure of information protected by the MCMRA, Covered Entity shall have the right to immediately terminate any contract, other than this Agreement, then in force between the Parties, including the Underlying Agreement.

D. Survival. The obligations of Business Associate under this Section shall survive the termination of this agreement.

V. **CONSIDERATION**

Business Associate recognizes that the promises it has made in this Agreement shall, henceforth, be detrimentally relied upon by Covered Entity in choosing to continue or commence a business relationship with Business Associate.

VI. **REMEDIES IN EVENT OF BREACH**

Business Associate hereby recognizes that irreparable harm will result to Covered Entity, and to the business of Covered Entity, in the event of breach by Business Associate of any of the covenants and assurances contained in this Agreement. As such, in the event of breach of any of the covenants and assurances contained in Sections II or III above, Covered Entity shall be entitled to enjoin and restrain Business Associate from any continued violation of Sections II or III. Furthermore, in the event of breach of Sections II or III by Business Associate, Covered Entity is entitled to

reimbursement and indemnification from Business Associate for Covered Entity's reasonable attorneys' fees and expenses and costs that were reasonably incurred as a proximate result of Business Associate's breach. The remedies contained in this Section VI shall be in addition to, not in lieu of, any action for damages and/or any other remedy Covered Entity may have for breach of any part of this Agreement or the Underlying Agreement or which may be available to Covered Entity at law or in equity.

VII. MODIFICATION; AMENDMENT

This Agreement may only be modified or amended through a writing signed by the Parties and, thus, no oral modification or amendment hereof shall be permitted. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Entity to comply with the requirements of the HIPAA rules and any other applicable law.

VIII. INTERPRETATION OF THIS AGREEMENT IN RELATION TO OTHER AGREEMENTS BETWEEN THE PARTIES

Should there be any conflict between the language of this Agreement and any other contract entered into between the Parties (either previous or subsequent to the date of this Agreement), the language and provisions of this Agreement shall control and prevail unless the parties specifically refer in a subsequent written agreement to this Agreement by its title and date and specifically state that the provisions of the later written agreement shall control over this Agreement.

IX. COMPLIANCE WITH STATE LAW

The Business Associate acknowledges that by accepting the PHI from Covered Entity, it becomes a holder of medical information under the MCMRA and is subject to the provisions of that law. If the HIPAA Privacy or Security Rules and the MCMRA conflict regarding the degree of protection provided for PHI, Business Associate shall comply with the more restrictive protection requirement.

X. MISCELLANEOUS

- A. Ambiguity. Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy and Security Rules.
- B. Regulatory References. A reference in this Agreement to a section in the HIPAA Rules means the section as in effect or as amended.
- C. Notice to Covered Entity. Any notice required under this Agreement to be given Covered Entity shall be made in writing to:

Ramiek James, Esq.
Privacy Officer and Compliance Analyst
Department of Health & Mental Hygiene
Office of the Inspector General
201 W. Preston Street, Floor 5
Baltimore, MD 21201-2301
Phone: (410) 767-5411

- D. Notice to Business Associate. Any notice required under this Agreement to be given Business Associate shall be made in writing to:

Address: _____

Attention: _____

Phone: _____

- E. Survival. Any provision of this Agreement which contemplates performance or observance subsequent to any termination or expiration of this contract shall survive termination or expiration of this Agreement and continue in full force and effect.
- F. Severability. If any term contained in this Agreement is held or finally determined to be invalid, illegal, or unenforceable in any respect, in whole or in part, such term shall be severed from this Agreement, and the remaining terms contained herein shall continue in full force and effect, and shall in no way be affected, prejudiced, or disturbed thereby.
- G. Terms. All of the terms of this Agreement are contractual and not merely recitals and none may be amended or modified except by a writing executed by all parties hereto.
- H. Priority. This Agreement supersedes and renders null and void any and all prior written or oral undertakings or agreements between the parties regarding the subject matter hereof.

IN WITNESS WHEREOF and acknowledging acceptance and agreement of the foregoing, the Parties affix their signatures hereto.

COVERED ENTITY:

BUSINESS ASSOCIATE:

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

Rev. 08/01/2013

FORM OF NOTIFICATION TO COVERED ENTITY OF BREACH OF UNSECURED PHI

This notification is made pursuant to Section III.2.D(3) of the Business Associate Agreement between Developmental Disabilities Administration, a unit of the Maryland Department of Health and Mental Hygiene (DHMH), and _____ (Business Associate).

Business Associate hereby notifies DHMH that there has been a breach of unsecured (unencrypted) protected health information (PHI) that Business Associate has used or has had access to under the terms of the Business Associate Agreement.

Description of the breach: _____

Date of the breach: _____ Date of discovery of the breach: _____

Does the breach involve 500 or more individuals? Yes/No If yes, do the people live in multiple states? Yes/No

Number of individuals affected by the breach: _____

Names of individuals affected by the breach: (attach list)

The types of unsecured PHI that were involved in the breach (such as full name, Social Security number, date of birth, home address, account number, or disability code):

Description of what Business Associate is doing to investigate the breach, to mitigate losses, and to protect against any further breaches:

Contact information to ask questions or learn additional information:

Name: _____

Title: _____

Address: _____

Email Address: _____

Phone Number: _____

Rev. 08/01/2013

ATTACHMENT L – MERCURY AFFIDAVIT

This solicitation does not include the procurement of products known to likely include mercury as a component.

ATTACHMENT M-1

VSBE Utilization Affidavit and Subcontractor Participation Schedule

(submit with Bid/Proposal)

This document **MUST BE** included with the Bid/Proposal. If the Bidder/Offeror fails to complete and submit this form with the Bid/Proposal, the procurement officer may determine that the Bid is non-responsive or that the Proposal is not reasonably susceptible of being selected for award.

In conjunction with the Bid/Proposal submitted in response to Solicitation No. 16-14341, I affirm the following:

1. ☐ I acknowledge and intend to meet the overall verified VSBE participation goal of .5%. Therefore, I will not be seeking a waiver.

OR

- ☐ I conclude that I am unable to achieve the VSBE participation goal. I hereby request a waiver, in whole or in part, of the overall goal. Within 10 business days of receiving notice that our firm is the apparent awardee, I will submit all required waiver documentation in accordance with COMAR 21.11.13.07. If this request is for a partial waiver, I have identified the portion of the VSBE goal that I intend to meet.
2. I understand that if I am notified that I am the apparent awardee, I must submit the following additional documentation within 10 days of receiving notice of the apparent award or from the date of conditional award (per COMAR 21.11.13.06), whichever is earlier.
 - (a) Subcontractor Project Participation Statement (**Attachment M-2**); and
 - (b) Any other documentation, including waiver documentation, if applicable, required by the Procurement Officer to ascertain Bidder/Offeror responsibility in connection with the VSBE participation goal.

I understand that if I fail to return each completed document within the required time, the Procurement Officer may determine that I am not responsible and therefore not eligible for contract award. If the contract has already been awarded, the award is voidable.

3. In the solicitation of subcontract quotations or offers, VSBE subcontractors were provided not less than the same information and amount of time to respond as were non-VSBE subcontractors.
4. Set forth below are the (i) verified VSBEs I intend to use and (ii) the percentage of the total contract amount allocated to each VSBE for this project. I hereby affirm that the VSBE firms are only providing those products and services for which they are verified.

VSBE Subcontractor Participation Schedule

Prime Contractor (Firm Name, Address, Phone):	Project Description:
Project Number: DHMH OPASS ____ - _____	

List Information For Each Verified VSBE Subcontractor On This Project

Name of Veteran-Owned Firm:	DUNS Number:
Percentage of Total Contract:	Description of work to be performed:
Name of Veteran-Owned Firm:	DUNS Number:
Percentage of Total Contract:	Description of work to be performed:
Name of Veteran-Owned Firm:	DUNS Number:
Percentage of Total Contract:	Description of work to be performed:
Name of Veteran-Owned Firm:	DUNS Number:
Percentage of Total Contract:	Description of work to be performed:

Continue on a separate page, if needed.

SUMMARY**TOTAL VSBE Participation:** _____%

I solemnly affirm under the penalties of perjury that the contents of this Affidavit are true to the best of my knowledge, information, and belief.

 Bidder/Offeror Name
 (PLEASE PRINT OR TYPE)

 Signature of Affiant

Name: _____
 Title: _____
 Date: _____

VSBE Subcontractor Participation Statement

*Please complete and submit one form for each verified VSBE listed on Attachment M-1
within 10 Business Days of notification of apparent award*

_____ (prime contractor) has entered into a contract with
_____ (subcontractor) to provide services in connection with the Solicitation described
below.

Prime Contractor (Firm Name, Address, Phone):	Project Description:
Project Number: _____	Total Contract Amount: \$
Name of Veteran-Owned Firm:	DUNS Number:
Address:	FEIN:
Work to Be Performed:	
Percentage of Total Contract:	Total Subcontract Amount: \$

The undersigned Prime Contractor and Subcontractor hereby certify and agree that they have fully complied with the State Veteran-Owned Small Business Enterprise law, State Finance and Procurement Article, Title 14, Subtitle 6, Annotated Code of Maryland.

PRIME CONTRACTOR SIGNATURE

SUBCONTRACTOR SIGNATURE

By: _____
Name, Title
Date

By: _____
Name, Title
Date

This form is to be completed
monthly by the prime
contractor.

Attachment M-3

Maryland Department of Health and Mental Hygiene Veterans Small Business Enterprise (VSBE) Participation Prime Contractor Paid/Unpaid VSBE Invoice Report

Report #: _____	Contract #: _____
Reporting Period (Month/Year): _____	Contracting Unit: _____
Report is due to the Contract Monitor by the 10th of the month following the month the services were provided.	Contract Amount: _____
	VSBE Subcontract Amt: _____
	Project Begin Date: _____
	Project End Date: _____
Note: Please number reports in sequence	Services Provided: _____

Prime Contractor:		Contact Person:																																					
Address:																																							
City:		State:	ZIP:																																				
Phone:	Fax:	E-mail:																																					
Subcontractor Name:		Contact Person:																																					
Phone:	Fax:																																						
Subcontractor Services Provided:																																							
List all payments made to VSBE subcontractor named above during this reporting period: <table border="1"> <thead> <tr> <th></th> <th><u>Invoice#</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td></tr> <tr> <td colspan="2">Total Dollars Paid: \$</td> <td>_____</td> </tr> </tbody> </table>			<u>Invoice#</u>	<u>Amount</u>	1.			2.			3.			4.			Total Dollars Paid: \$		_____	List dates and amounts of any outstanding invoices: <table border="1"> <thead> <tr> <th></th> <th><u>Invoice #</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td></tr> <tr> <td colspan="2">Total Dollars Unpaid: \$</td> <td>_____</td> </tr> </tbody> </table>			<u>Invoice #</u>	<u>Amount</u>	1.			2.			3.			4.			Total Dollars Unpaid: \$		_____
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2.																																							
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Total Dollars Unpaid: \$		_____																																					

****If more than one VSBE subcontractor is used for this contract, you must use separate M-3 forms for each subcontractor.**

****Return one copy (hard or electronic) of this form to the following addresses (electronic copy with signature and date is preferred):**

Nancy Hatch, Contract Monitor Developmental Disabilities Administration Department of Health and Mental Hygiene 201 W. Preston Street 4 th Floor Baltimore, MD 21201 410 767-5431 / 410 767-5850 nancy.hatch@maryland.gov	Littia Silver, Procurement Specialist Developmental Disabilities Administration Department of Health and Mental Hygiene 201 W. Preston Street 4 th Floor Baltimore, MD 21201 410 767-5259 / 410 767-5850 littia.silver@maryland.gov
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Signature: _____ Date: _____

This form must be completed monthly
by all VSBE subcontractors.

ATTACHMENT M-4

Veterans Small Business Enterprise Participation Subcontractor Paid/Unpaid VSBE Invoice Report

Report#: _____	Contract #
Reporting Period (Month/Year): _____	Contracting Unit:
Report is due by the 10th of the month following the month the services were performed.	VSBE Subcontract Amount:
	Project Begin Date:
	Project End Date:
	Services Provided:

VSBE Subcontractor Name:																						
Department of Veterans Affairs Certification #:																						
Contact Person:	E-mail:																					
Address:																						
City:	State:	ZIP:																				
Phone:	Fax:																					
Subcontractor Services Provided:																						
List all payments received from Prime Contractor during reporting period indicated above. <table border="1"> <thead> <tr> <th><u>Invoice Amt</u></th> <th><u>Date</u></th> </tr> </thead> <tbody> <tr><td>1.</td><td></td></tr> <tr><td>2.</td><td></td></tr> <tr><td>3.</td><td></td></tr> <tr> <td colspan="2">Total Dollars Paid: \$ _____</td> </tr> </tbody> </table>		<u>Invoice Amt</u>	<u>Date</u>	1.		2.		3.		Total Dollars Paid: \$ _____		List dates and amounts of any unpaid invoices over 30 days old. <table border="1"> <thead> <tr> <th><u>Invoice Amt</u></th> <th><u>Date</u></th> </tr> </thead> <tbody> <tr><td>1.</td><td></td></tr> <tr><td>2.</td><td></td></tr> <tr><td>3.</td><td></td></tr> <tr> <td colspan="2">Total Dollars Unpaid: \$ _____</td> </tr> </tbody> </table>	<u>Invoice Amt</u>	<u>Date</u>	1.		2.		3.		Total Dollars Unpaid: \$ _____	
<u>Invoice Amt</u>	<u>Date</u>																					
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Total Dollars Paid: \$ _____																						
<u>Invoice Amt</u>	<u>Date</u>																					
1.																						
2.																						
3.																						
Total Dollars Unpaid: \$ _____																						
Prime Contractor:		Contact Person:																				

****Return one copy of this form to the following address (electronic copy with signature & date is preferred):**

Nancy Hatch, Contract Monitor Developmental Disabilities Administration Department of Health and Mental Hygiene 201 W. Preston Street 4 th Floor Baltimore, MD 21201 410 767-5431 / 410 767-5850 nancy.hatch@maryland.gov	Littia Silver, Procurement Specialist Developmental Disabilities Administration Department of Health and Mental Hygiene 201 W. Preston Street 4 th Floor Baltimore, MD 21201 410 767-5259 / 410 767-5850 littia.silver@maryland.gov
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Signature: _____ Date: _____
(Required)

ATTACHMENT N – LOCATION OF THE PERFORMANCE OF SERVICES DISCLOSURE

This solicitation does not require a Location of the Performance of Services Disclosure.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK.

ATTACHMENT O – DHR HIRING AGREEMENT

This solicitation does not require a DHR Hiring Agreement.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK.

Responsible Party	Activity	Jul-15	Aug-15	Sep	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	May-Jun-16
Contractor	Schedule Meeting with Department	7/01/15											
DHMH	Provide List of 3000 Families to Receive Mail Surveys	7/15/15											
DHMH	Provide List of 1000 Names for Face to Face Surveys				7/15/15								
DHMH	In conjunction with NASDDDS and HSRI, Provide Orientation Training to Contractor	TBD											
Contractor	Submit work Plan to DHMH for Approval	7/15/15											
Contractor	Complete 400 Face to Face Surveys	7/15/15 – 5/30/16											
Contractor	Enter Data from 400 Face to Face Surveys into ODESA	7/15/15 – 6/30/16											
Contractor	Mail 3000 Surveys to Families	7/15/15 – 5/30/16											
Contractor	Track the Rate of Survey Return to Determine Rate of Response (≥1200 or 40%)	7/15/15 – 4/15/16											
Contractor	Enter Data from 1200-3000 Mail-in Surveys into ODESA	7/15/15 – 6/30/16											
Contractor	Meet with Quality Advisory Council	Attend first available 2015 quarterly meeting, and continue quarterly, for duration of Contract.											
Contractor	If less than 40% of Family Surveys Have Been Returned Contact Non-responsive Families											4/15/16 – 5/31/16	
Contractor	Complete Data Input for Base Contract												6/30/16
DHMH	Provide List of 3000 Families to Receive Mail Surveys (if exercising Option Periods 1 & 2)							7/15/16 7/15/17					
DHMH	Provide List of 1000 Names for Face to Face Surveys							7/15/16 7/15/17					
Contractor	Submit a Work Plan for Option Period 1 (FY2016) to DDA								8/01/16 8/01/17				
Contractor	Complete 400 Face to Face Surveys	7/15/16-5/31/17 7/15/17-5/31/18											
Contractor	Enter Data for 400 Face to Face Surveys into ODESA	7/15/16-6/31/17 7/15/17-6/31/18											
Contractor	Mail 3000 Surveys to Families	7/15/16-5/31/17 7/01/17-5/31/18											
Contractor	Track the Rate of Survey Return to Determine Rate of Response (≥1200 or 40%)	7/15/16-4/15/17 7/15/17-4/15/18											
Contractor	Enter Data from 1200-3000 Mail-in Surveys into ODESA	7/15/16-6/31/17 7/15/17-6/31/18											
Contractor	If less than 40% of Family Surveys Have Been Returned Contact Non-responsive Families											4/15/17-5/31/17 4/15/18-5/31/18	

Contractor	Complete Data Input for Option Periods 1 & 2												6/30/17 6/30/18
ATTACHMENT P – TASK AND TIMELINE CHART													

ATTACHMENT Q – QOL SURVEY INSTRUMENTS AND NCI DOMAINS AND OUTCOMES

QOL Face-to-Face Survey Instruments and National Core Indicators (NCI) Domains and Outcomes EMPLOYMENT / OTHER DAILY ACTIVITIES

I'd like to start by asking you about what you do during the day – if you have a job or other place that you go to.

1) Do you have a paid job in the community?

A community job refers to paid work - either competitive or supported employment (includes both individual and group employment, such as a work crew or enclave). It does not include work done in facility-based settings like sheltered workshops. It also does not include volunteer work.

PS-8 (Do you work at _____?)

☐

__2 Yes ☐ code Question 2 as NOT APPLICABLE

__0 No ☐ ask Question 2

__9 Don't know, no response, unclear response

2) If No, ask: Would you like to have a job in the community?

__8 NOT APPLICABLE – has job in the community

__2 Yes

__1 In-between

__0 No

__9 Don't know, no response, unclear response

If person does not have a job in the community, code Questions 3-4 as NOT APPLICABLE.

3) Do you like working there?

__8 NOT APPLICABLE – no job in the community

__2 Yes

__1 In-between

__0 No

__9 Don't know, no response, unclear response

4) Would you like to work somewhere else? (Would you like a different job instead of this one?)

__8 NOT APPLICABLE – no job in the community

__2 Yes

__1 In-between

__0 No

__9 Don't know, no response, unclear response

5) Do you go to a day program or do some other regularly scheduled activity during the day? This does not include a job in the community. Examples of an "other regularly scheduled activity" could include volunteering or attending a senior program.

PS-9 (Do you go to _____?)

__2 Yes

__0 No ☐ code Questions 6-7 as NOT APPLICABLE

__9 Don't know, no response, unclear response

6) Do you like going there/doing this activity?

__8 NOT APPLICABLE – no day program or other activity

__2 Yes

__1 In-between

__0 No

__9 Don't know, no response, unclear response

7) Would you like to go somewhere else or do something else during the day?

__8 NOT APPLICABLE – no day program or other activity

__2 Yes

__1 In-between

__0 No

__9 Don't know, no response, unclear response

8) Do you do any volunteer work? Do *not* include instances where individual is made or forced to spend time 'volunteering.' Volunteer work is *not* paid.

__2 Yes

__0 No

__9 Don't know, no response, unclear response

HOME

Now I'm going to ask you about where you live.

9) Do you like your home or where you live? (*Do you like living here?*)

- ☐ 2 Yes
- ☐ 1 In-between
- ☐ 0 No
- ☐ 9 Don't know, no response, unclear response

10) Would you like to live somewhere else?

- ☐ 2 Yes
- ☐ 1 In-between
- ☐ 0 No
- ☐ 9 Don't know, no response, unclear response

11) Do you ever talk with your neighbors?

- ☐ 2 Yes, often (weekly or more)
- ☐ 1 Yes, but not often
- ☐ 0 No, or very rarely
- ☐ 9 Don't know, no response, unclear response

12) Do people let you know before they come into your home? (*Do they ring the doorbell or knock first and wait for an answer?*) Do not include people who live in the home.

- ☐ 2 Yes
- ☐ 1 Sometimes
- ☐ 0 No
- ☐ 9 Don't know, no response, unclear response, **or people do not come into your home**

13) Do people let you know before coming into your bedroom?

- ☐ 2 Yes
- ☐ 1 Sometimes
- ☐ 0 No
- ☐ 9 Don't know, no response, unclear response, **or people do not come into your bedroom**

14) Do you have enough privacy at home? (*Can you have time to yourself?*) If person lives alone, code Q14 as NOT APPLICABLE.

Here we are looking at privacy (e.g. going in a room and closing the door), not the person's need for supervision (e.g. staying home alone).

- ☐ 8 **NOT APPLICABLE** - lives alone
- ☐ 2 Yes, has enough privacy
- ☐ 0 No, would like more privacy
- ☐ 9 Don't know, no response, unclear response

SAFETY

Now I'm going to ask you some personal questions about your safety. Remember, you do not have to answer any questions that you do not want to.

15) Are you ever afraid or scared when you are at home?

- ☐ 2 [Yes] - most of the time
- ☐ 1 Sometimes
- ☐ 0 [No] - rarely
- ☐ 9 Don't know, no response, unclear response

16) Are you ever afraid or scared when you are out in your neighborhood?

- ☐ 2 [Yes] - most of the time
- ☐ 1 Sometimes
- ☐ 0 [No] - rarely
- ☐ 9 Don't know, no response, unclear response

17) Are you ever afraid or scared at work or at your day program/other activity?

- ☐ 8 **NOT APPLICABLE** – no work or day program/activity
- ☐ 2 [Yes] - most of the time
- ☐ 1 Sometimes
- ☐ 0 [No] - rarely
- ☐ 9 Don't know, no response, unclear response

18) If you ever feel afraid, is there someone you can talk to? Please ask question to all respondents.

- ☐ 2 Yes
- ☐ 1 Maybe, not sure
- ☐ 0 No
- ☐ 9 Don't know, no response, unclear response

FRIENDS AND FAMILY

Now I'm going to ask you about friends and family.

19) Do you have friends you like to talk to or do things with?

If s/he answers "yes," ask who the friends are and try to determine if they are family, staff, roommates, co-workers, etc. You can use prompts such as: *Can you tell me their names? Are these friends staff or your family?*

- ☐ 2 Yes, has friends who are not staff or family
- ☐ 1 Yes, all friends are staff or family, or cannot determine
- ☐ 0 No, does not have friends
- ☐ 9 Don't know, no response, unclear response *Section I*

20) Do you have a best friend, or someone you are really close to? (*Is there someone you can talk to about personal things?*)

Can include staff or family member.

- ☐ 2 Yes
- ☐ 0 No
- ☐ 9 Don't know, no response, unclear response

If the person responds "NO" TO BOTH QUESTIONS 19 AND 20, code Question 21 as "NOT APPLICABLE."

21) Can you see your friends when you want to see them? (*Can you make plans with your friends when you want to?*)

We are trying to determine if person gets support to see friends. Try to factor out situations where friends are not available – this is not the issue.

- ☐ 8 NOT APPLICABLE – does not have any friends
- ☐ 2 Yes, can see friends whenever s/he wants to
- ☐ 1 Sometimes can't see friends (e.g., not enough staff or transportation)
- ☐ 0 No, often unable to see friends
- ☐ 9 Don't know, no response, unclear response

22) Can you go on a date if you want to?

- ☐ 8 NOT APPLICABLE – does not want to date
- ☐ 2 Yes, can date, or is married or living with partner
- ☐ 1 Yes, but there are some restrictions or rules about dating
- ☐ 0 No
- ☐ 9 Don't know, no response, unclear response

23) Do you ever feel lonely? (*Do you ever feel like you don't have anyone to talk to?*)

If s/he responds "yes," probe to determine how often s/he feels lonely.

- ☐ 2 [Yes] – often feels lonely (more than half the time)
- ☐ 1 Sometimes (about half the time)
- ☐ 0 [No] – not often (less than half the time)
- ☐ 9 Don't know, no response, unclear response

24) Do you have family that you see?

If the person lives with family, ask about other family members that do not live in the home.

- ☐ 2 Yes
- ☐ 0 No
- ☐ 9 Don't know, no response, unclear response

25) Can you see your family when you want to? (*Can you pick the times you see them? Does someone help you make plans to see them?*)

If family is not available or does not wish to have contact, code as NOT APPLICABLE. If the person has family but does not want to see them, code as 2.

- ☐ 8 NOT APPLICABLE – family not available, person does not have family or family does not wish to have contact
- ☐ 2 Yes, sees family whenever s/he wants to, or chooses not to see family
- ☐ 1 Sometimes
- ☐ 0 No
- ☐ 9 Don't know, no response, unclear response

26) Can you help other people if you want to? (*Can you show other people how to do things if you want to?*)

- ☐ 2 Yes
- ☐ 1 Sometimes
- ☐ 0 No
- ☐ 9 Don't know, no response, unclear response

SATISFACTION WITH SERVICES/SUPPORTS

Now I'm going to ask you some questions about your services.

ASK QUESTIONS 27 and 30-32 ONLY IF PERSON HAS A CASE MANAGER/ SERVICE COORDINATOR. If person does not have a case manager/ service coordinator, code these questions as "NOT APPLICABLE".

27) Have you met your case manager/service coordinator?

PS-3 Have you met _____ ?

__8 **NOT APPLICABLE** – does not have case manager/service coordinator

__2 Yes, person has met case manager/service coordinator

__1 Maybe, not sure

__0 No, person has not met case manager/service coordinator

__9 Don't know, no response, unclear response

28) Do you have a service plan? (Do you have a list of services your case manager/service coordinator will help you get?)

__2 Yes

__1 Maybe, not sure

__0 No ☐ code Question 29 as NOT APPLICABLE

__9 Don't know, no response, unclear response

29) Did you help make your service plan? (Did you help decide which services are on the list?)

__8 **NOT APPLICABLE** – does not have service plan

__2 Yes

__1 Maybe, not sure

__0 No

__9 Don't know, no response, unclear response

30) Does your case manager/service coordinator ask you what you want? (Does your case manager/service coordinator ask what is important to you?)

__8 **NOT APPLICABLE** – does not have case manager/service coordinator, or person does not talk to case manager/service coordinator

__2 Yes

__1 Sometimes

__0 No

__9 Don't know, no response, unclear response

31) If you ask for something, does your case manager/service coordinator help you get what you need?

__8 **NOT APPLICABLE** – does not have case manager/service coordinator, or does not ask for help

__2 Yes, does help

__1 Sometimes helps

__0 No, does not help

__9 Don't know, no response, unclear response

32) If you call and leave a message, does your case manager/service coordinator take a long time to call you back, or does s/he call back right away?

__8 **NOT APPLICABLE** – does not have case manager/service coordinator, or does not call case manager/service coordinator

__2 Calls back right away

__1 In-between

__0 Takes a long time to call back

__9 Don't know, no response, unclear response

33) Do you have staff who help you? (e.g., at your home, your job, your day program)

PS-7 (Does _____ help you?)

__2 Yes

__0 No ☐ code Questions 34-36 as NOT APPLICABLE

__9 Don't know, no response, unclear response

34) Do your staff treat you with respect? (Do they listen and talk to you?)

__8 **NOT APPLICABLE** – does not have any staff

__2 Yes, all staff, always

__1 Sometimes or some staff

__0 No

__9 Don't know, no response, unclear response

35) Do your staff come when they are supposed to? (Do they show up on time? Do they show up when they say they will?)

__8 **NOT APPLICABLE- does not have staff**

__2 Yes

__1 Maybe, not sure

__0 No

__9 Don't know, no response, unclear response

36) If you have problems with your staff, do you get the help you want to fix these problems?

8 NOT APPLICABLE- does not have staff or problems with staff

☐ 2 Yes

☐ 1 Maybe, not sure

☐ 0 No

☐ 9 Don't know, no response, unclear response

Now, I am going to ask you a couple of questions about how you get around.

37) How do you usually get to places you need to go? (Check ALL that apply; however, we are looking for the **most frequent** mode(s) of transportation).

☐ 7 Transports self – walks, drives, rides bike

☐ 6 Gets ride from family or friends

☐ 5 Gets ride from staff in staff's car

☐ 4 Gets ride from staff in provider van or vehicle

☐ 3 Uses public transportation such as bus

☐ 2 Uses specialized transportation such as paratransit service

☐ 1 Uses taxi service

☐ 9 Don't know, no response, unclear response

38) When you want to go somewhere, do you always have a way to get there? (*Can you get a ride when you want one?*)

☐ 2 Yes, almost always

☐ 1 Sometimes

☐ 0 No, almost never

☐ 9 Don't know, no response, unclear response

SELF-DIRECTED SUPPORTS

ASK QUESTIONS 39-44 ONLY IF PERSON USES A SELF-DIRECTED SUPPORTS OPTION (SEE **PS-11** and QUESTION **BI-50**).

If person does not use self-directed supports, code these questions as NOT APPLICABLE.

For those who are using self-directed supports, the interviewer may need to explain the term “budget” – for example, the money discussed at your planning meeting that you can use to hire your own staff or purchase things you need. This is different from spending money or a personal budget. Refer to **PS-11** for terms the person may be familiar with.

39) Does someone talk with you about your budget and the services you can get?

PS-11 Does someone talk with you about your _____?

☐ 8 NOT APPLICABLE

☐ 2 Yes

☐ 1 Maybe, not sure

☐ 0 No ☐ code Questions 40-44 as NOT APPLICABLE

☐ 9 Don't know, no response, unclear response

40) Is there someone who helps you decide how to use your budget/services?

☐ 8 NOT APPLICABLE

☐ 2 Yes

☐ 1 Maybe, not sure

☐ 0 No

☐ 9 Don't know, no response, unclear response

41) Can you make changes to your budget/services if you need to? (*Can you decide to buy something different?*)

☐ 8 NOT APPLICABLE

☐ 2 Yes

☐ 1 Maybe, not sure

☐ 0 No

☐ 9 Don't know, no response, unclear response

42) Do you want more help deciding how to use your budget/services, or do you have enough help?

☐ 8 NOT APPLICABLE

☐ 2 [Yes] – want more help

☐ 1 Maybe, not sure

☐ 0 [No] – have enough help

☐ 9 Don't know, no response, unclear response

43) Do you get information about how much money is left in your budget/services?

PS-11 Do you get information from _____ (financial management service)?

☐ 8 NOT APPLICABLE

☐ 2 Yes

☐ 1 Maybe, not sure

☐ 0 No code Question 44 as NOT APPLICABLE

☐ 9 Don't know, no response, unclear response

44) If yes, is the information easy to understand?

☐ 8 NOT APPLICABLE

☐ 2 Yes

☐ 1 Maybe, not sure

☐ 0 No

☐ 9 Don't know, no response, unclear response

45) Interviewer: Could Section I be completed?

☐ 1 Yes, person answered independently or with some assistance

☐ 2 Yes, person answered using alternate/picture response format

☐ 3 No, person could not communicate sufficiently to complete this section

☐ 4 No, person was unwilling to participate

☐ 5 No, other reason

46) Interviewer: In your opinion, did the individual appear to understand most of the questions or not?

☐ 8 NOT APPLICABLE – did not complete Section I

☐ 2 Yes, appeared to understand most questions (even if prompted) and could give an opinion

☐ 1 Not sure

☐ 0 No, appeared to have very little understanding or comprehension

47) Interviewer: In your opinion, did the individual seem to answer the questions in a consistent manner? (Do you feel his/her responses were valid?)

☐ 8 NOT APPLICABLE – did not complete Section I

☐ 2 Yes, seemed to give consistent and valid responses

☐ 1 Not sure

☐ 0 No, did not seem to give consistent and valid responses

If you answered "yes" to questions 45-47, then determine now if s/he is willing to answer more questions. If the individual is not willing to continue, or if you believe comprehension or consistency was a problem and person does not have a proxy respondent, then say:

"Thank you for your help. It's been very nice talking to you. You've been very helpful."

If the person is willing to continue or has a proxy respondent available, please continue to Section II.

SECTION II: Interview with the Person Receiving Services or with Other Respondents

STOP - Please review Section 1 questions #45-47. Please make sure you have answered those questions before proceeding.

Interview the person receiving services. If the person is unwilling or unable to complete this section, other respondents may be interviewed (family, advocate, staff; however *not* the case manager or service coordinator). **Respondents must be knowledgeable in the areas below (they should know the person well and have frequent contact with him/her).** Use alternate wording when questioning other respondents.

For all questions, indicate who the respondent was; please check only one respondent for each question.

If both the individual and another respondent contributed to the answer, and there is agreement between the two, check "individual" as the respondent.

If there is disagreement between the individual and another respondent, you may need to ask follow up questions to determine the most valid response.

Ask the person if s/he wishes to continue with the questions, or if s/he would like to take a short break. Section II

COMMUNITY INCLUSION

In this section, we are trying to find out if the person participates in integrated community activities (including people with and without disabilities). Try to rule out non-integrated activities (where only people with disabilities are participating). If the person answers "yes," you may ask for an example to verify that the person understood the question.

48) In the past month, did you go shopping? (Examples: groceries, clothing) (**Other respondent:** In the past month, did this person go shopping?)

Respondent: () 1-individual () 2-family/friend () 3-staff () 4-other

☐ 2 Yes

☐ 0 No

☐ 9 Don't know, no response, unclear response

48a) If yes, how many times in the past month?

___ times in past month

48b) If yes, who did you usually go with? (Check ALL that apply)

___ 1 Alone

___ 2 Friends or family

___ 3 House-mates or co-workers

___ 4 Staff

___ 5 Others not listed

___ 9 Don't know, no response, unclear response

49) In the past month, did you go out on errands or appointments? (Examples: bank, post office, hair dressers/barber)

(*Other respondent: In the past month, did this person go out on errands or appointments?*)

Respondent: () 1-individual () 2-family/friend () 3-staff () 4-other

___ 2 Yes

___ 0 No

___ 9 Don't know, no response, unclear response

49a) If yes, how many times in the past month?

___ times in past month

49b) If yes, who did you usually go with? (Check ALL that apply)

___ 1 Alone

___ 2 Friends or family

___ 3 House-mates or co-workers

___ 4 Staff

___ 5 Others not listed

___ 9 Don't know, no response, unclear response

50) In the past month, did you go out for entertainment? (Examples: movies, plays, concerts, attend sporting events)

(*Other respondent: In the past month, did this person go out for entertainment?*)

Respondent: () 1-individual () 2-family/friend () 3-staff () 4-other

___ 2 Yes

___ 0 No

___ 9 Don't know, no response, unclear response

50a) If yes, how many times in the past month?

___ times in past month

50b) If yes, who did you usually go with? (Check ALL that apply)

___ 1 Alone

___ 2 Friends or family

___ 3 House-mates or co-workers

___ 4 Staff

___ 5 Others not listed

___ 9 Don't know, no response, unclear response *Section II*

51) In the past month, did you go out to a restaurant or coffee shop?

(*Other respondent: In the past month, did this person go out to a restaurant or coffee shop?*)

Respondent: () 1-individual () 2-family/friend () 3-staff () 4-other

___ 2 Yes

___ 0 No

___ 9 Don't know, no response, unclear response

51a) If yes, how many times in the past month?

___ times in past month

51b) If yes, who did you usually go with? (Check ALL that apply)

___ 1 Alone

___ 2 Friends or family

___ 3 House-mates or co-workers

___ 4 Staff

___ 5 Others not listed

___ 9 Don't know, no response, unclear response

52) In the past month, did you go out to a religious service or spiritual practice? (Examples: church, synagogue, study or other place of worship)

(*Other respondent: In the past month, did this person go out to a religious service or spiritual practice?*)

Respondent: () 1-individual () 2-family/friend () 3-staff () 4-other

- ___ 2 Yes
 ___ 0 No
 ___ 9 Don't know, no response, unclear response

52a) If yes, how many times in the past month?

___ times in past month *Section II*

52b) If yes, who did you usually go with? (Check ALL that apply)

- ___ 1 Alone
 ___ 2 Friends or family
 ___ 3 House-mates or co-workers
 ___ 4 Staff
 ___ 5 Others not listed
 ___ 9 Don't know, no response, unclear response

53) In the past month, did you go out for exercise? (Examples: jogging, swimming, riding bike, YMCA, gym/health club)

(*Other respondent: In the past month, did this person go out for exercise?*)

Respondent: () 1-individual () 2-family/friend () 3-staff () 4-other

- ___ 2 Yes
 ___ 0 No
 ___ 9 Don't know, no response, unclear response

53a) If yes, how many times in the past month?

___ times in past month

53b) If yes, who did you usually go with? (Check ALL that apply)

- ___ 1 Alone
 ___ 2 Friends or family
 ___ 3 House-mates or co-workers
 ___ 4 Staff
 ___ 5 Others not listed
 ___ 9 Don't know, no response, unclear response

54) In the past year, did you go away on a vacation?

(*Other respondent: In the past year, did this person go away on a vacation?*)

Respondent: () 1-individual () 2-family/friend () 3-staff () 4-other

- ___ 2 Yes
 ___ 0 No
 ___ 9 Don't know, no response, unclear response

54a) If yes, how many times in the past year?

___ times in past year

54b) If yes, who did you usually go with? (Check ALL that apply)

- ___ 1 Alone
 ___ 2 Friends or family
 ___ 3 House-mates or co-workers
 ___ 4 Staff
 ___ 5 Others not listed
 ___ 9 Don't know, no response, unclear response *Section II*

CHOICES

The intent of these questions is to determine the extent to which persons receiving services are involved in decision-making.

- In this section, code "2" if this person played a major role in making the decision. The person may have consulted with others but ultimately made the decision for him/herself.
- Code "1" if the person had some input in making the decision.
- Choices made with spouses/partners should be coded as "person made the choice".
- Do not overuse the "NOT APPLICABLE" code here. It is not appropriate to use "8" to indicate NOT ALLOWED or NOT CAPABLE of making decisions in this area. For those cases, code "0".

Read one of the following introductions to the respondent(s):

For Individuals:

I'm going to ask some questions now about some decisions you may have made or helped make. For each question, I'd like you to tell me if you made the choice yourself, if you had some say about it, or if someone else decided for you.

For Other Respondents:

I'm going to ask some questions now about decisions this person may have made. For each question, please indicate if s/he made the decision, if s/he had some input in making the decision, or if someone else made the decision for him/her. *Section II*

55) Who chose (or picked) the place where you live? (*Did you help pick the place where you live?*)

(**Other respondent:** *Who chose the place where s/he lives? Did s/he have any input in making the decision?*)

If the person lives in their family home, please code Q55 as "8- NOT APPLICABLE"

Respondent: () 1-individual () 2-family/friend () 3-staff () 4-other

☐ 8 **NOT APPLICABLE** – person lives in the family home

☐ 2 Person made the choice

☐ 1 Person had some input

☐ 0 Someone else chose

☐ 9 Don't know, no response, unclear response

56) Did you choose (or pick) the people you live with (or did you choose to live by yourself)? (*Did anyone ask you who you'd like to live with? Were you given choices, did you get to interview people?*)

PS-6 Did you choose to live with _____ ?

☐ (**Other respondent** – *Did this person choose any of the people s/he lives with? Or: Did this person choose to live alone?*)

If the person lives in their family home, please code Q56 as "8- NOT APPLICABLE"

Respondent: () 1-individual () 2-family/friend () 3-staff () 4-other

☐ 8 **NOT APPLICABLE** – person lives in the family home

☐ 2 Yes, chose people s/he lives with, or chose to live alone

☐ 1 Chose some people or had some input

☐ 0 No, someone else chose

☐ 9 Don't know, no response, unclear response

57) Who decides your daily schedule (like when to get up, when to eat, when to go to sleep)?

(**Other respondent** – *Who decides this person's daily schedule, like when to get up, when to eat, when to go to sleep?*)

Respondent: () 1-individual () 2-family/friend () 3-staff () 4-other

☐ 2 Person decides

☐ 1 Person has help deciding

☐ 0 Someone else decides

☐ 9 Don't know, no response, unclear response

58) Who decides how you spend your free time (when you are not working, in school or at the day program)?

(**Other respondent** – *Who decides how this person spends his/her free time?*)

Respondent: () 1-individual () 2-family/friend () 3-staff () 4-other

☐ 2 Person decides

☐ 1 Person has help deciding

☐ 0 Someone else decides

☐ 9 Don't know, no response, unclear response *Section II*

Question 59 refers to choices made concerning paid work in the community.

59) Who chose (or picked) the place where you work? (*Did you help make the choice?*)

PS-8 Did you choose to work at _____ ?

☐ (**Other respondent:** *Who chose the place where s/he works? Did s/he have any input in making the decision?*)

Respondent: () 1-individual () 2-family/friend () 3-staff () 4-other

☐ 8 **NOT APPLICABLE** – no job in the community

☐ 2 Person made the choice

☐ 1 Person had some input

☐ 0 Someone else chose

☐ 9 Don't know, no response, unclear response

Question 60 refers to choices made concerning day programs or other regularly scheduled activities during the day. This does not include paid work in the community.

60) Who chose (or picked) where you go during the day? (*Did you help make the choice?*)

PS-9 Did you choose to go to _____ ?

☐ (**Other respondent:** *Who chose the place where s/he goes during the day? Did s/he have any input in making the decision?*)

Respondent: () 1-individual () 2-family/friend () 3-staff () 4-other

☐ 8 **NOT APPLICABLE** – no day program or other activity

☐ 2 Person made the choice

- ☐ 1 Person had some input
☐ 0 Someone else chose
☐ 9 Don't know, no response, unclear response *Section II*

61) Do you choose what you buy with your spending money?

Do not include things like rent or groceries.

- ☐ (**Other respondent** – Does this person choose how to spend his/her money?)

Respondent: () 1-individual () 2-family/friend () 3-staff () 4-other

- ☐ 2 Person chooses
☐ 1 Person has help choosing what to buy, or has set limits (such as can buy small items, but not big items)
☐ 0 Someone else chooses
☐ 9 Don't know, no response, unclear response

62) Did you choose or pick your case manager/service coordinator?

PS-3 Did you choose _____ to work with you?

- ☐ (**Other respondent** – Did this person choose his/her case manager/service coordinator?)

Respondent: () 1-individual () 2-family/friend () 3-staff () 4-other

- ☐ 8 **NOT APPLICABLE** - no case manager/service coordinator
☐ 2 Yes, chose case manager/service coordinator
☐ 1 Case manager/service coordinator was assigned but can be changed if requested by person
☐ 0 No, someone else chose case manager/service coordinator
☐ 9 Don't know, no response, unclear response

63) Do you choose (or pick) your staff? (Do you get to interview them? Did you get to meet different people or was someone assigned to you? Could you request someone different?)

PS-7 Did you choose _____ to work with you?

- ☐ (**Other respondent** – Does this person choose his/her staff?)

Respondent: () 1-individual () 2-family/friend () 3-staff () 4-other

- ☐ 8 **NOT APPLICABLE** - no staff
☐ 2 Yes, person choose staff
☐ 1 Staff are assigned but can be changed if requested by person
☐ 0 No, someone else chose
☐ 9 Don't know, no response, unclear response *Section II*

RIGHTS

64) Do people read your mail or email without asking you first?

(**Other respondent** – Does anyone read this person's mail or email without permission?)

Respondent: () 1-individual () 2-family/friend () 3-staff () 4-other

- ☐ 8 **NOT APPLICABLE** - does not get mail/email
☐ 2 [Yes] – mail/email is read without permission
☐ 0 [No] – person reads own mail/email or others read with permission
☐ 9 Don't know, no response, unclear response

65) Can you be alone with friends or visitors at your home, or does someone have to be with you? (Are there rules about having friends or visitors in your home?)

(**Other respondent** – can this person have privacy to be alone with friends when s/he wants to, or does someone else have to be present?)

Respondent: () 1-individual () 2-family/friend () 3-staff () 4-other

- ☐ 8 **NOT APPLICABLE** – no friends or visitors, or no friends visit your home
☐ 2 Can be alone with friends or visitors
☐ 0 There are rules against being alone with friends or visitors
☐ 9 Don't know, no response, unclear response *Section II*

66) Are you allowed to use the phone and internet when you want to?

If person is unable to use the phone or internet, or doesn't have access, code as "NOT APPLICABLE."

(**Other respondent** – is this person allowed to use the phone or internet when s/he wants to?)

Respondent: () 1-individual () 2-family/friend () 3-staff () 4-other

- ☐ 8 **NOT APPLICABLE** - doesn't have access or unable to use phone/internet
☐ 2 Yes, can use anytime, either independently or with assistance
☐ 0 No, there are rules/restrictions on use of phone/internet
☐ 9 Don't know, no response, unclear response

67) Have you ever participated in a self-advocacy group meeting, conference, or event? (A self-advocacy group is where people meet together to talk about things in their lives that are important to them. Some groups include People First, Speaking for Ourselves, and Self-Advocates Becoming Empowered – SABLE. Do not include human rights groups sponsored by provider agencies.)

PS-10 (Have you ever gone to a _____ meeting or event?)

☐ (**Other respondent** – Has this person ever attended a self-advocacy group meeting or event?)

Respondent: () 1-individual () 2-family/friend () 3-staff () 4-other

☐ **8 NOT APPLICABLE** – there is no self-advocacy group in the area

☐ **2** Yes

☐ **1** Had the opportunity but chose not to participate

☐ **0** No

☐ **9** Don't know, no response, unclear response

ACCESS TO NEEDED SERVICES

68) Do you get the services you need?

(**Other respondent** – Does this person get the services and supports s/he needs?)

Respondent: () 1-individual () 2-family/friend () 3-staff () 4-other

☐ **2** Yes ☐ code Question 68a as NOT APPLICABLE

☐ **1** Sometimes, or doesn't get enough of the services needed

☐ **0** No

☐ **9** Don't know, no response, unclear response

68a) If additional services are needed, please note type of service or support below: (check all that apply):

☐ **0 NOT APPLICABLE** - does not need additional services

☐ **1** Service coordination/case management

☐ **2** Respite/family support

☐ **3** Transportation

☐ **4** Assistance finding, maintaining, or changing jobs

☐ **5** Education or training

☐ **6** Health care

☐ **7** Dental care

☐ **8** Assistance finding, maintaining, or changing housing

☐ **9** Social/relationship issues, meeting people

☐ **10** Communication technology

☐ **11** Environmental adaptations/home modifications

☐ **12** Benefits/insurance information

☐ **13** Other _____ *Section II*

69) Do you feel your support staff have the right training to meet your needs? (**Other respondent** – Does this person's support staff have the right training to meeting his/her needs?)

Respondent: () 1-individual () 2-family/friend () 3-staff () 4-other

☐ **8 NOT APPLICABLE**- person does not have support staff

☐ **2** Yes

☐ **1** Maybe, not sure

☐ **0** No

☐ **9** Don't know, no response, unclear response, **or respondent is support staff**

70) Interviewer: Please indicate all respondents to Section II (check all that apply):

☐ **1** Person receiving services

☐ **2** Advocate, Parent, Guardian, Personal Representative, Relative, Friend

☐ **3** Staff who provides supports where person lives

☐ **4** Staff who provides supports at a day or other service location

☐ **5** Other

INTERVIEWER FEEDBACK SHEET

Instructions to interviewers:

Please take a few minutes to complete a feedback sheet after each interview you complete. Please do not include any personally identifying information regarding yourself or the individual surveyed.

Interviewer's Initials or Code (optional): _____

1. How long did it take to complete the direct interview(s) (Sections I and II only)?

__ __ **Hours** __ __ **Minutes**

2. How long did it take to complete the entire form, including phone-calls, collecting background information, arranging and conducting the interviews, travel time, etc.?

__ __ **Hours** __ __ **Minutes**

3. Were there any questions that were problematic?

__ **Yes** __ **No**

If yes, indicate the question number(s) below and describe the problem and any suggestions you have for improvement. **Question:**

Problem/Suggestions:

A. DOMAIN: B. CONSUMER OUTCOMES		Overview: Consumer outcome indicators concern how well the public system aid developmental disabilities to work, participate in their communities, have friends relationships, and exercise choice and self-determination. Other indicators in this satisfied individuals are with services and supports.
SUBDOMAIN	CONCERN	INDICATOR
Work	<i>People have support to find and maintain community integrated employment.</i>	<i>The average bi-weekly earnings of people who have jobs in the community.</i>
		The average number of hours worked bi-weekly by people with jobs in the community.
		The percent of people earning at or above the State minimum wage.
		Of people who have a job in the community, the percent who were continuously employed during the previous year.
		Of people who have a job in the community, the percent who receive vacation and/or sick time benefits.
		Of people who have a job in the community, the average length of time they have been working at their current job.
		The proportion of people who have a goal of integrated employment in their individualized service plan.
		The proportion of people who have a job in the community.
		The proportion of people who do not have a job in the community but would like to have one.
		The proportion of people who go to a day program or have some other daily activity.
		The proportion of people who do volunteer work.
		The proportion of all individuals who receive daytime supports of any type who are engaged in community integrated employment.
Community Inclusion	<i>People have support to participate in everyday community activities.</i>	The proportion of people who regularly participate in everyday integrated activities in their communities.
Choice and Decision-making	<i>People make choices about their lives and are actively engaged in planning their services and supports.</i>	The proportion of people who make choices about their everyday lives, including: housing, roommates, daily routines, jobs, support staff or providers, what to spend money on, and social activities.
		The proportion of people who report having been provided options about where to live, work, and go during the day.
Self-determination	<i>People have authority and are supported to direct and</i>	The proportion of people who are currently using a self-directed supports option.
		The proportion of people self-directing who report that someone talked with them about their individual budget/services.
		The proportion of people self-directing who have help in deciding how to use their individual budget/services.

	<i>manage their own services.</i>	The proportion of people self-directing who report that they can make changes to their budget/services if they need to. The proportion of people self-directing who report that they need more help in deciding how to use their budget/services. The proportion of people self-directing who receive information about their budget/services that is easy to understand. The proportion of people self-directing whose support workers come when they are supposed to. The proportion of people self-directing who get the help they need to work out problems with their support workers.
Relationships	People have friends and relationships.	The proportion of people who have friends and caring relationships with people other than support staff and family members. The proportion of people who have a close friend, someone they can talk to about personal things. The proportion of people who are able to see their families and friends when they want. The proportion of people who feel lonely. The proportion of people who talk with their neighbors. The proportion of people who can go out on a date if they want to. The proportion of people who report that they get to help others.
Satisfaction	<i>People are satisfied with the services and supports they receive.</i>	The proportion of people who are satisfied with where they live. The proportion of people who are satisfied with their job. The proportion of people who have a community job who would like to work somewhere else. The proportion of people who go to a day program or have other daily activity who would like to go somewhere else or do something else during the day. The proportion of people who report that they would like to live somewhere else. The proportion of people who are satisfied with their day program or other daily activity.
C. DOMAIN: D. SYSTEM PERFORMANCE		Overview: The system performance indicators address the following topics: (a) self-direction; (b) family and individual participation in provider-level decisions; (c) the utilization of various types of services and supports; (d) cultural competency; and (e) access to services.
SUBDOMAIN	CONCERN	INDICATOR
Service Coordination	<i>Service coordinators are accessible, responsive, and support the person's participation in service planning.</i>	The proportion of people reporting that service coordinators help them get what they need. The proportion of people who were involved in creating their service plan The proportion of people reporting that service coordinators ask them what they want. The proportion of people who have met their service coordinators. The proportion of people who report that their service coordinators call them back right away.
	<i>Families and individuals are</i>	The proportion of voting members on provider agency boards of directors who are primary consumers.

Family and Individual Participation	<i>involved in provider-level decision making.</i>	The proportion of voting members on provider agency boards of directors who are family members of primary consumers.
SUBDOMAIN	CONCERN	INDICATOR
Selected Services Utilization	<i>The service system supports community integration and personal independence.</i>	The proportion of individuals age 18 and over who are supported to live in a home of their own compared to the total number of persons who receive residential services
		The proportion of individuals age 18 and over who receive residential services in living arrangements that serve three or fewer persons with disabilities
		The proportion of individuals age 18 and over who are supported in community integrated employment compared to the total number of adults who receive day services
		The proportion of individuals supported through the HCBS waiver program compared to the total number of persons who receive Medicaid long-term services
		The proportion of HCBS waiver participants who receive supports in a home of their own
		The proportion of individuals who direct their own services.
		Proportion of expenditures devoted to community services compared to total expenditures
		Proportion of Medicaid expenditures devoted to Medicaid HCBS compared to total Medicaid long-term services expenditures
SUBDOMAIN	CONCERN	INDICATOR
Financial Level of Effort	<i>There are sufficient dollars to meet the needs of individuals.</i>	Total state expenditures for developmental disabilities adjusted for state population size and economic variables
		Total Medicaid long term services expenditures adjusted for state population size and economic variables
		Expenditures per person for Medicaid long-term services, adjusted for economic and other variables

Cultural Competency	<i>Racial and ethnic minorities have access to services and supports.</i>	The proportion of people served, by race and ethnicity, relative to their proportions in the general population.
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SUBDOMAIN	CONCERN	INDICATOR
Access	<i>Publicly-funded services are readily available to individuals who need and qualify for them.</i>	The number of persons age 18 and over who receive services per 100,000 adults in the population
		The proportion of persons age 18 and over who receive services compared to the estimated number of adults with a developmental disability in a state's population
		The number of persons age 18 and over who receive residential services per 100,000 adults in the population
		The number of persons age 18 and over who live with their families and receive in-home supports per 100,000 adults in the population
		The proportion of persons age 18 and over who receive residential services compared to the number who need such services
		The number of individuals age 18 and over who receive day services per 100,000 adults in the population

SUBDOMAIN	CONCERN	INDICATOR
Access (continued)		The number of children and youth who receive residential services or are in households who benefit from family support per 100,000 children and youth in the population

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		The number of children in households who benefit from family support per 100,000 children and youth in the population
		The number of individuals overall and by program who receive Medicaid long-term services per 100,000 persons in the population
		The proportion of people who report that they are able to go to the doctor when they need to.
		The proportion of people who report having adequate transportation when they want to go somewhere.
		The proportion of people who feel their support staff have been appropriately trained to meet their needs.
		The rate at which people report that they do not get the services they need.
E. DOMAIN: F. HEALTH, WELFARE & RIGHTS		Overview: These indicators concern the following topics: (a) safety and personal and wellness; and (c) protection of and respect for individual rights
SUBDOMAIN	CONCERN	INDICATOR
Safety	<i>People are safe from abuse, neglect, and injury.</i>	The mortality rate of the served MR/DD population compared to the general area population, by age, by cause of death (natural or medico-legal), and by MR or DD diagnosis.
		The incidence of serious injuries reported among people with MR/DD in the course of service provision, during the past year.
		The proportion of people who were victims of selected crimes reported to a law enforcement agency during the past year, by type of crime (rape, aggravated assault, and theft).
		The proportion of people who report that they feel safe in their home, neighborhood, workplace, and day program/ at other daily activity.
		The proportion of people who report having someone to go to for help when they feel afraid.
Health	<i>People secure needed health services.</i>	The proportion of people who have had a complete annual physical exam in the past year.
		The proportion of women 18 and over who have had a Pap test screening in the past year.
		The proportion of people who have had a routine dental exam in the past year.
		The proportion of people described as having poor health.
		The proportion of people reported as having a primary care doctor.
		The proportion of people who have had a vision screening within the past year.
SUBDOMAIN	CONCERN	INDICATOR
Health (continued)		The proportion of people who have had a hearing test within the past 5 years.
		The proportion of people who have had a flu vaccination within the past 12 months.
		The proportion of people who have ever had a vaccination for pneumonia.

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		The proportion of women over 40 who have had a mammogram within the past 2 years.
		The proportion of men over 50 who have had a PSA test within the past year.
		The proportion of people age 50 and older who have had a screening for colorectal cancer within the past year.
Medications	Medications are managed effectively and appropriately.	The proportion of people taking medications for mood, anxiety, behavior problems, or psychotic disorders.
Wellness	People are supported to maintain healthy habits.	The proportion of people who maintain healthy habits in such areas as smoking, weight, and exercise.
Restraints	The system makes limited use of restraints or other restrictive practices.	The incidence of restraints reported in the past year, by type of restraint and by living arrangement.
		The incidence of serious injuries resulting from the use of restraints.
Respect/Rights	People receive the same respect and protections as others in the community.	The proportion of people whose basic rights are respected by others.
		The proportion of people who have participated in a self-advocacy group meeting, conference, or event.
		The proportion of people who report satisfaction with the amount of privacy they have.
		The proportion of people indicating that most staff treat them with respect.
G. DOMAIN: H. STAFF STABILITY		Overview: These indicators concern provider staff stability and competence of d
SUBDOMAIN	CONCERN	INDICATOR
Staff Stability	Direct contact staff turnover ratios and recruitment and training absentee rates are low enough to maintain continuity of supports and efficient use of resources.	The crude separation rate, defined as the proportion of direct contact staff separated in the past year.
		Average length of service for all direct contact staff who separated in the past year, and for all currently employed direct contact staff.
		The vacancy rate, defined as the proportion of direct contact positions that were vacant as of a specified date.
I. DOMAIN: J. FAMILY INDICATORS		Overview: The family indicators concern how well the public system assists chil developmental disabilities, and their families, to exercise choice and control in th participate in their communities, and maintain family relationships. Additional in satisfied families are with services and supports they receive, and how supports h
SUBDOMAIN	CONCERN	INDICATOR

Information and Planning	<i>Families/family members with disabilities have the information and support necessary to plan for their services and supports.</i>	The proportion of families who report they are informed about the array of existing and potential resources (including information about their family member's disability, services and supports, and public benefits), in a way that is easy to understand.
		The proportion of families who report they have the information needed to skillfully plan for their services and supports.
		The proportion of families reporting that their support plan includes or reflects things that are important to them.
		The proportion of families who report that staff who assist with planning are knowledgeable and respectful.
Choice & Control	<i>Families/family members with disabilities determine the services and supports they receive, and the individuals or agencies who provide them.</i>	The proportion of families reporting that they control their own budgets/supports (i.e. they choose what supports/goods to purchase).
		The proportion of families who report they choose, hire and manage their service/support providers.
		The proportion of families who report that staff are respectful of their choices and decisions.
SUBDOMAIN	CONCERN	INDICATOR
Access & Support Delivery	<i>Families/family members with disabilities get the services and supports they need.</i>	The proportion of eligible families who report having access to an adequate array of services and supports.
		The proportion of families who report that services/supports are available when needed, even in a crisis.
		The proportion of families reporting that staff or translators are available to provide information, services and supports in the family/family member's primary language/method of communication.
		The proportion of families who report that service and support staff/providers are available and capable of meeting family needs.
		The proportion of families who report that services/supports are flexible to meet their changing needs.
		The proportion of families who indicate that services/supports provided outside of the home (e.g., day/employment, residential services) are done so in a safe and healthy environment.
Community Connections	<i>Families/family members use integrated community services and participate in everyday community activities.</i>	The proportion of families/family members who participate in integrated activities in their communities.
		The proportion of families who report they are supported in utilizing natural supports in their communities (e.g., family, friends, neighbors, churches, colleges, recreational services).

Family Involvement	<i>Families maintain connections with family members not living at home.</i>	The proportion of families/guardians of individuals not living at home who report the extent to which the system supports continuing family involvement.
SUBDOMAIN	CONCERN	INDICATOR
Satisfaction	<i>Families/family members with disabilities receive adequate and satisfactory supports.</i>	The proportion of families who report satisfaction with the information and supports received, and with the planning, decision-making, and grievance processes.
Family Outcomes	<i>Individual and family supports make a positive difference in the lives of families.</i>	The proportion of families who feel that services and supports have helped them to better care for their family member living at home.

ATTACHMENT R – NCI MAIL-IN SURVEY INSTRUMENTS: ADULT, CHILD AND FAMILY

Adult Family Survey 2012-13 Opinions of Services and Supports for Adults with Intellectual/Developmental Disabilities and their Families in [State]

Thank you for helping us by completing the attached questionnaire. The state of [State] is collecting this information to evaluate how well the services your family receives are meeting the needs of people with intellectual/developmental disabilities and their families. Your opinions will help improve these services and supports in your state. The results of this survey will also allow us to compare family outcomes and satisfaction with similar information collected in other states.

We are fully aware that you receive many surveys and questionnaires. This is not simply another opinion poll. Your responses will help your state to evaluate the quality of its services and will help it to focus its improvement efforts in areas most lacking.

If you'd like to see previous results using information from this survey, please go to <http://www.NationalCoreIndicators.org> and click on: "Resources"→"Reports"→"Family Survey Final Reports".

INSTRUCTIONS:

Note: If there is more than one person receiving services in your family, please answer the questions about the person who is named on the address label.



For most questions, all you need to do is check the box that applies to you. All responses will remain confidential (meaning the case manager, providers, support workers, etc. will NOT know how you responded to these questions). Your answers will not negatively affect the specific services and supports you and your family member are receiving. If you come to a question that you feel uncomfortable answering, skip it. However, for us to get complete information, it is very important that you try to answer each question as accurately as you can.



When you have completed the questionnaire:

Please return it to us in the enclosed pre-addressed and pre-stamped envelope. Please try to return the survey as soon as possible.



If you would like to receive help reading or understanding this survey, or if you need an interpreter, please call: [name & phone]

Again, Thank You!

Part 1: INFORMATION ABOUT YOUR FAMILY

Please answer the following questions about your family member with a disability.

a.) Does this person live at home with you?

- ☐ 1. Yes ☐ 2. No

Note: If you answered "no" to the question above, please stop here and return the survey.

b.) Is there more than one person with an intellectual/developmental disability in your household?

- ☐ 1. Yes ☐ 2. No

Reminder: Please answer the questions considering the person who is named on the address label.

c.) How old is your family member with a disability? _____ years

d.) What is the gender of this person?

- ☐ 1. Male ☐ 2. Female

e.) Has this person been diagnosed with any of the following disabilities listed below (check all that apply)?

- ☐ 1. Intellectual disability (mental retardation)
- ☐ 2. Mental illness/Psychiatric diagnosis (e.g. depression)
- ☐ 3. Autism spectrum disorder (e.g., autism, asperger syndrome, pervasive developmental disorder)
- ☐ 4. Cerebral Palsy
- ☐ 5. Brain injury
- ☐ 6. Seizure disorder/Neurological problem
- ☐ 7. Chemical dependency
- ☐ 8. Limited or No Vision- Legally Blind
- ☐ 9. Hearing loss- Severe or Profound
- ☐ 10. Alzheimer's disease or other dementia
- ☐ 11. Down syndrome
- ☐ 12. Prader-Willi syndrome
- ☐ 13. Other disabilities not listed
- ☐ 14. Don't know

f.) What is this person's race? (check all that apply)

- ☐ 1. American Indian or Alaska Native
- ☐ 2. Asian
- ☐ 3. Black or African-American
- ☐ 4. Native Hawaiian or Other Pacific Islander
- ☐ 5. White
- ☐ 6. Other/Unknown
- ☐ 7. Mixed (Two or More Races)
- ☐ 8. Hispanic or Latino

g.) What is this person's primary means of expression? (check only one response)

- ☐ 1. Spoken
- ☐ 2. Gestures/Body Language
- ☐ 3. Sign Language/Finger Spelling
- ☐ 4. Communication Aid/Device
- ☐ 5. Other

h.) What is this person's primary language?

- ☐ 1. English
- ☐ 2. Spanish
- ☐ 3. Other

i.) What is this person's highest education level?

- ☐ 1. Does not have High School Diploma/GED
- ☐ 2. High School Diploma/GED
- ☐ 3. Vocational School
- ☐ 4. Some College
- ☐ 5. College Degree

j.) What does this person typically do during the day? CHECK ALL THAT APPLY

- ☐ 1. Out of Home Day Program- family member is unpaid
- ☐ 2. Out of Home Day Program- family member is paid
- ☐ 3. Vocational Training
- ☐ 4. Community Employment- family member is unpaid (e.g., volunteer work)
- ☐ 5. Community Employment- family member is paid
- ☐ 6. In-home day supports
- ☐ 7. At home- by choice
- ☐ 8. At home- no services
- ☐ 9. At home- other
- ☐ 10. Other

k.) How often does this person require medical care by a trained medical provider (e.g., nurse or physician)?

- ☐ 1. Less frequently than once/month
- ☐ 2. At least once/month, but not once/week
- ☐ 3. At least once/week, or more frequently

l.) Does this person need support to manage any of the following behaviors: self-injurious behavior, disruptive behavior, destructive behavior?

- ☐ 1. No support needed
- ☐ 2. Some support needed
- ☐ 3. Extensive support needed

m.) About how much help does this person need with daily activities (such as bathing, dressing, eating)? (check one)

- ☐ 1. None ☐ 2. Little ☐ 3. Moderate ☐ 4. Complete

Please answer the following questions about yourself.

n.) What is your age?

- ☐ 1. Under 35 ☐ 2. 35 – 54 ☐ 3. 55 – 74 ☐ 4. 75 or Older

o.) How would you describe your health? (check one)

- ☐ 1. Excellent ☐ 2. Good ☐ 3. Fair ☐ 4. Poor

p.) How are you related to this person?

- ☐ 1. Parent (biological, adoptive, or foster)
☐ 2. Sibling
☐ 3. Spouse
☐ 4. Other (please describe)_____

q.) Are you a primary caregiver for this person?

- ☐ 1. Yes ☐ 2. No

r.) Not including this person, how many adults live in your household?

- ☐ 1. One ☐ 2. Two ☐ 3. Three ☐ 4. Four or more

s.) Are you a legal guardian (e.g., you have been appointed by the court) or conservator for this person?

- ☐ 1. Yes, full guardianship/conservatorship
☐ 2. Yes, limited guardianship/conservatorship
☐ 3. No

t.) What is your highest education level?

- ☐ 1. Does not have High School Diploma/GED
☐ 2. High School Diploma/GED
☐ 3. Vocational School
☐ 4. Some College
☐ 5. College Degree

u.) What was the total taxable income last year of the wage earner(s) in your household? (check one)

- ☐ 1. Below \$15,000
☐ 2. \$15,001- \$25,000
☐ 3. \$25,001- \$50,000
☐ 4. \$50,001- \$75,000
☐ 5. Over \$75,000

v.) Approximately how much out-of-pocket money did you spend last year on this person's medical services, equipment, supplies, therapies, and other supports/services?

- ☐ 1. Nothing
- ☐ 2. \$1- \$100
- ☐ 3. \$101- \$1,000
- ☐ 4. \$1,001- \$10,000
- ☐ 5. Over \$10,000

w.) What County do you currently live in (do not write in Country- "USA")? _____

SERVICES AND SUPPORTS RECEIVED

Please check whether your family or your family member with an intellectual/ developmental disability is currently receiving any of the services or supports from the ID/DD agency described below.

	YES	NO	DON'T KNOW
i. Financial Support – your family receives money (cash, stipends, vouchers, or reimbursement) to purchase items, equipment, or needed services for your family member with an intellectual/ developmental disability. This money does NOT include SSI payments.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
ii. In-Home Support – people are paid to come to your home to provide assistance to your family member with an intellectual/ developmental disability. Examples include: in-home respite care, Activities for Daily Living support (ADL), etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
iii. Out-of-Home Respite Care -- someone takes care of your family member with an intellectual/developmental disability outside of your home to give your family a break. Includes recreational respite care.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
iv. Day/Employment Supports – your family member with an intellectual/developmental disability attends a day program, workshop, or receives vocational supports such as job training or job coaching at a job in the community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
v. Transportation – someone arranges or provides for transportation for your family member with an intellectual/developmental disability to go to a day program, work, medical appointments, etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
vi. Other Services/Supports – your family member with a disability receives mental/behavioral health care and/or other treatments or therapies (such as physical therapy, occupational therapy, speech, or recreational therapy).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Additional Services Question (non ID/DD Agency Services):

Social Security Benefits -- your family/family member receives SSI payments, survivor benefits, etc.

☐ 1

☐ 2

☐ 3

Part 2: QUESTIONS ABOUT SERVICES AND SUPPORTS

Please answer the following questions about services and supports provided by the ID/DD Agency. Check one response for each question. If a question does not apply to you or your family member, please check the last column (Does Not Apply).

INFORMATION & PLANNING		Always	Usually	Sometimes	Seldom	Never	Don't Know	Does Not Apply
1.	Do you get enough information to help you participate in planning services for your family?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
2.	Is the information you receive easy to understand?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
3.	Does the information you receive come from your case manager/service coordinator?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
4.	Does the case manager/service coordinator respect your family's choices and opinions?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
5.	Does the case manager/service coordinator tell you about other public services that your family is eligible for (e.g., food stamps, Supplemental Security Income [SSI], housing subsidies, etc.)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

INFORMATION & PLANNING		Yes	No	Don't Know	Does Not Apply
6.	Does your family member have a service plan ?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
If "No" to Question 6, skip to Question 13.					
7.	Does the plan include all the services and supports your family member wants?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
8.	Does your family member receive all of the services listed in the plan ?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
9.	Did your family member help develop the plan ?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
10.	Did you or another family member help develop the plan ?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
11.	Does the plan include all the services and supports your family member needs?"	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
12.	Did you discuss how to handle emergencies related to your family member at the last service planning meeting ?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
13.	Have you or your family member received information about his/her rights?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Additional Comments on Information and Planning

What are you most satisfied with regarding information and planning? (Please write your answer below)

What do you feel needs the most improvement regarding information and planning? (Please write your answer below)

ACCESS & DELIVERY OF SUPPORTS		Always	Usually	Sometimes	Seldom	Never	Don't Know	Does Not Apply
14.	Are you or your family member able to contact his/her support workers when you need to?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
15.	Are you or your family member able to contact his/her case manager/service coordinator when you need to?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
16.	Are services and supports available when your family member needs them?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
17.	Are services and supports available within a reasonable distance from your home?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
18.	Do the services and supports change when your family member's needs change?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
19.	If English is <u>not</u> your primary language, are there support workers or translators who can speak to you in your language?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
20.	If English <u>is</u> your primary language, do the support workers speak to you effectively?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

ACCESS & DELIVERY OF SUPPORTS		Always	Usually	Sometimes	Seldom	Never	Don't Know	Does Not Apply
21.	If your family member does not communicate verbally (for example, uses gestures or sign language), are there support workers who can communicate with him/her?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
22.	Are services delivered in a way that is respectful to your family's culture?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
23.	Does your family member have access to the special equipment or accommodations that s/he needs (for example, wheelchair, ramp, communication board)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
24.	Do you feel that your family member's day/employment setting is a healthy and safe environment?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
25.	Do the support workers have the right training to meet your family's needs?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
26.	Do the support workers who come to your home arrive on time and when scheduled?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

ACCESS & DELIVERY OF SUPPORTS		Yes	No	Don't Know	Does Not Apply
27.	If your family member transitioned from school services to State funded services during the past year, were you happy with the transition process?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
28.	If you asked for crisis or emergency services during the past year, were services provided when needed?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
29.	Do you have access to health services for your family member?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
29a.	If Yes to Q29, are you satisfied with the quality of these providers?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
30.	Do you have access to dental services for your family member?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
30a.	If Yes to Q30, are you satisfied with the quality of these providers?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
31.	Are you able to get medications needed for your family member?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
31a.	If Yes to Q31, are you satisfied with how your family member's medication needs are monitored?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
32.	If needed, do you have access to mental health services for your family member?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
32a.	If Yes to Q32, are you satisfied with the quality of these providers?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
33.	If you need respite services, do you have access to them?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
33a.	If Yes to Q33, are you satisfied with the quality of these providers?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
34.	Are there other services that your family member needs that are not currently offered or available?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

ACCESS & DELIVERY OF SUPPORTS		Yes	No	Don't Know	Does Not Apply
34a.	If Yes to Q34, what services are needed (list here):				

Additional Comments on Access and Delivery of Supports

What are you most satisfied with regarding access and delivery of supports? (Please write your answer below)

What do you feel needs the most improvement regarding access and delivery of supports? (Please write your answer below)

CHOICES & CONTROL		Always	Usually	Sometimes	Seldom	Never	Don't Know	Does Not Apply
35.	Do you choose the provider agencies who work with your family?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
36.	Does your family member choose the provider agencies who work with your family?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
37.	Can you choose a different provider agency if you want to?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
38.	Do you choose the individual support workers who work directly with your family?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

39.	Does your family member choose the individual support workers who work directly with your family?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
40.	Can you choose different support workers if you want to?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

CHOICES & CONTROL		Yes	No	Don't Know	Does Not Apply
41.	Did you choose your family member's case manager/service coordinator ?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
42.	Did your family member choose his/her case manager/service coordinator ?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
43.	Do you have control and/or input over the hiring and management of your family member's support workers?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
44.	Does your family member have control and/or input over the hiring and management of his/her support workers?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
45.	Do you know how much money is spent by the ID/DD agency on behalf of your family member with a developmental disability?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
46.	Does your family member know how much money is spent by the ID/DD agency on his/her behalf?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
47.	Do you have a say in how this money is spent?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
47a.	If Yes to Q47 , do you have all the information you need to make decisions about how to spend this money?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
48.	Does your family member have a say in how this money is spent?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

CHOICES & CONTROL		Yes	No	Don't Know	Does Not Apply
48a.	If Yes to Q48, does your family member have all the information s/he needs to make decisions about how to spend this money?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Additional Comments on Choices and Control

What are you most satisfied with regarding choice and control? (Please write your answer below)

What do you feel needs the most improvement regarding choice and control? (Please write your answer below)

COMMUNITY CONNECTIONS		Yes	No	Don't Know	Does Not Apply
49.	Does your family member participate in community activities (such as going out to a restaurant, movie, or sporting event)?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
49a.	If No to Q49, why? (check and/ or write all reasons that apply) <input type="checkbox"/> lack of transportation <input type="checkbox"/> cost <input type="checkbox"/> lack of support staff <input type="checkbox"/> negative attitudes from community members <input type="checkbox"/> other_____				
50.	Does your family member have friends or relationships with persons other than paid support workers or family?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
51.	Does your family member have enough supports (e.g., support workers, community resources) to work or volunteer in the community?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Additional Comments on Community Connections

What are you most satisfied with regarding community connections? (Please write your answer below)

What do you feel needs the most improvement regarding community connections? (Please write your answer below)

SATISFACTION		Always	Usually	Sometimes	Seldom	Never	Don't Know	Does Not Apply
52.	Overall, are you satisfied with the services and supports your family currently receives?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

SATISFACTION		Yes	No	Don't Know	Does Not Apply
53.	Do you know the process for filing a complaint or grievance against provider agencies or staff?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
54.	Are you satisfied with the way complaints or grievances against provider agencies or staff are handled and resolved?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
55.	Do you know how to report abuse or neglect?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
56.	Within the past year, if abuse or neglect occurred, did you report it?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
56a.	If Yes (to Q56), were the appropriate people responsive to your report?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Additional Comments on Satisfaction

What are you most satisfied with regarding service and supports? (Please write your answer below)

What do you feel needs the most improvement regarding services and supports? (Please write your answer below)

OUTCOMES		Yes	No	Don't Know	Does Not Apply
57.	Do you feel that services and supports have made a positive difference in the life of your family?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
58.	Do you feel that services and supports have reduced your family's out-of-pocket expenses for your family member's care?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
59.	Have the services or supports that you or your family member received during the past year been reduced, suspended, or terminated?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
59a.	If Yes to Q59, did the reduction, suspension, or termination of these services or supports affect your family or your family member negatively?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Is there anything else you would like to discuss? (Please write your answer below)

Family Survey Feedback Sheet

Please help us improve this survey by answering the questions below:

1. How long did it take you to complete this survey?
_____ hour(s) _____ minutes

2. Were there any questions that were difficult to understand?

Question#	Reason
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. Any other comments pertaining to this survey:

COMMUNITY RESOURCE LINKS (for State Agency use if desired)

Children/Family Survey
Opinions of Services and Supports
for Children with Intellectual/Developmental Disabilities and their Families in [State]

Thank you for helping us by completing the attached questionnaire. The state of [State] is collecting this information to evaluate how well the services your family receives are meeting the needs of children with intellectual/developmental disabilities and their families. Your opinions will help improve these services and supports in your state. The results of this survey will also allow us to compare family outcomes and satisfaction with similar information collected in other states.

We are fully aware that you receive many surveys and questionnaires. This is not simply another opinion poll. Your responses will help your state to evaluate the quality of its services and will help it to focus its improvement efforts in areas most lacking.

If you'd like to see previous results using information from this survey, please go to <http://www.NationalCoreIndicators.org> and click on: "Resources"→"Reports"→"Family Survey Final Reports".

INSTRUCTIONS:

Note: If there is more than one child receiving services in your family, please answer the questions about the child who is named on the address label.



For most questions, all you need to do is check the box that applies to you. All responses will remain confidential (meaning the case manager, providers, support workers, etc. will NOT know how you responded to these questions). Your answers will not negatively affect the specific services and supports you and your child are receiving. If you come to a question that you feel uncomfortable answering, skip it. However, for us to get complete information, it is very important that you try to answer each question as accurately as you can.



When you have completed the questionnaire:

Please return it to us in the enclosed pre-addressed and pre-stamped envelope. Please try to return the survey as soon as possible.



If you would like to receive help reading or understanding this survey, or if you need an interpreter, please call: [name & phone]

Again, Thank You!

Part 1: INFORMATION ABOUT YOUR FAMILY

Please answer the following questions about your child with a disability.

x.) Does your child with a disability live at home with you?

- ☐ 1. Yes ☐ 2. No

Note: If you answered "no" to the question above, please stop here and return the survey.

y.) Is there more than one child with a disability in your household?

- ☐ 1. Yes ☐ 2. No

Reminder: If yes, please answer for the child on the address label.

z.) How old is this child? _____ years

aa.) What is the gender of this child?

- ☐ 1. Male ☐ 2. Female

bb.) Has this child been diagnosed with any of the following? (check all that apply)

- ☐ 1. Intellectual disability (mental retardation)
- ☐ 2. Mental illness/Psychiatric diagnosis/Behavioral disorder (e.g. depression, ADHD)
- ☐ 3. Autism spectrum disorder (e.g., autism, asperger syndrome, pervasive developmental disorder)
- ☐ 4. Cerebral palsy
- ☐ 5. Brain injury
- ☐ 6. Seizure disorder/Neurological problem
- ☐ 7. Chemical dependency
- ☐ 8. Limited or No Vision- Legally Blind
- ☐ 9. Hearing loss- Severe or Profound
- ☐ 10. Down Syndrome
- ☐ 11. Prader-Willi syndrome
- ☐ 12. Other disabilities not listed
- ☐ 13. No other disabilities
- ☐ 14. Don't know

cc.) What is this child's race?
(check all that apply)

- ☐ 1. American Indian or Alaska Native
- ☐ 2. Asian
- ☐ 3. Black or African-American
- ☐ 4. Native Hawaiian or Other Pacific Islander
- ☐ 5. White

- ☐ 6. Other/Unknown
- ☐ 7. Mixed (Two or More Races)
- ☐ 8. Hispanic or Latino

dd.) What is this child's primary means of expression? (check only one response)

- ☐ 1. Spoken
- ☐ 2. Gestures/Body Language
- ☐ 3. Sign Language/Finger Spelling
- ☐ 4. Communication Aid/Device
- ☐ 5. Other

ee.) What is this child's primary language?

- ☐ 1. English
- ☐ 2. Spanish
- ☐ 3. Other

ff.) How often does this child require medical care by a trained medical provider (e.g., nurse or physician)?

- ☐ 1. Less frequently than once/month
- ☐ 2. At least once/month, but not once/week
- ☐ 3. At least once/week, or more frequently

gg.) Does this child need support to manage any of the following behaviors: self-injurious behavior, disruptive behavior, destructive behavior?

- ☐ 1. No support needed
- ☐ 2. Some support needed
- ☐ 3. Extensive support needed

hh.) About how much help does this child need with daily activities (such as bathing, dressing, eating)? (check one)

- ☐ 1. None
- ☐ 2. Little
- ☐ 3. Moderate
- ☐ 4. Complete

Please answer the following questions about yourself.

ii.) What is your age?

- ☐ 1. Under 35
- ☐ 2. 35 - 54
- ☐ 3. 55 - 74
- ☐ 4. 75 or Older

jj.) How would you describe your health?

- ☐ 1. Excellent
- ☐ 2. Good
- ☐ 3. Fair
- ☐ 4. Poor

**kk.) What is your relationship to this child?
(check one)**

- ☐ 1. Parent (biological, adoptive, or foster)
- ☐ 2. Sibling

- ☐ 3. Grandparent
- ☐ 4. Other (please describe)_____

ll.) Are you a primary caregiver for this child?

- ☐ 1. Yes
- ☐ 2. No

mm.) How many adults live in your household?

- ☐ 1. One
- ☐ 2. Two
- ☐ 3. Three
- ☐ 4. Four or more

nn.) What is your highest education level?

- ☐ 1. Does not have High School Diploma/GED
- ☐ 2. High School Diploma/GED
- ☐ 3. Vocational School
- ☐ 4. Some College
- ☐ 5. College Degree

**oo.) What was the total taxable income last year of the primary wage earners in your household?
(check one)**

- ☐ 1. Below \$15,000
- ☐ 2. \$15,001 - \$25,000
- ☐ 3. \$25,001 - \$50,000
- ☐ 4. \$50,001 - \$75,000
- ☐ 5. Over \$75,000

pp.) Approximately how much out-of-pocket money did you spend last year on your child's medical services, equipment, supplies, therapies, and other supports/services?

- ☐ 1. Nothing
- ☐ 2. \$1- \$100
- ☐ 3. \$101- \$1,000
- ☐ 4. \$1,001- \$10,000
- ☐ 5. Over \$10,000

qq.) What County do you currently live in (do not write in Country- "USA")? _____

SERVICES AND SUPPORTS RECEIVED

Please check whether your family is currently receiving any of the services or supports from ID/DD agency described below.

	YES	NO	DON'T KNOW
vii. Financial Support – your family receives money (cash, stipends, vouchers, or reimbursement) to purchase items, equipment, or needed services for your child with an intellectual/developmental disability. This money does NOT include SSI payments.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
viii. In-Home Support – people are paid to come to your home to provide assistance to your child with an intellectual/developmental disability. Examples include: in-home respite care, Activities for Daily Living support (ADL), etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
ix. Out-of-Home Respite Care -- someone takes care of your child with an intellectual/developmental disability outside of your home to give your family a break. Includes recreational respite care.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
x. Early Intervention -- your child is under age 5 and receives services to enhance his/her development.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
xi. Transportation – someone arranges or provides for transportation for your child with an intellectual/developmental disability.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
xii. Other Services/Supports – your child with an intellectual developmental disability receives mental/behavioral health care and/or other treatments or therapies (such as physical therapy, occupational therapy, speech, or recreational therapy).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Additional Services Question (non ID/DD Agency Services):

Social Security Benefits -- your child receives SSI payments, survivor benefits, etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
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Part 2: QUESTIONS ABOUT SERVICES AND SUPPORTS

Please answer the following questions about services your family currently receives from the **ID/DD Agency**. Check one response for each question. If a question does not apply to you, please check the last column (Does Not Apply).

INFORMATION & PLANNING		Always	Usually	Sometimes	Seldom	Never	Don't Know	Does Not Apply
6.	Do you receive information about the services and supports that are available to your child and family?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
7.	Is the information you receive easy to understand?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
8.	Does the information you receive come from your case manager/service coordinator ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
9.	Does the case manager/service coordinator respect your family's choices and opinions?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
10.	Does your case manager/service coordinator tell you about other public services that you are eligible for? (e.g., food stamps, Early Period Screening Diagnosis and Treatment [EPSDT], Supplemental Security Income)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

	[SSI], housing subsidies, etc.)							
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INFORMATION & PLANNING		Yes	No	Don't Know	Does Not Apply
11.	Does your child have a service plan ?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<i>If "No" to Question 6, skip to Question 12.</i>					
12.	Did you help develop the plan ?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
13.	Does the plan include all the services and supports your family wants?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
INFORMATION & PLANNING		Yes	No	Don't Know	Does Not Apply
14.	Does the plan include all the services and supports your family needs?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
15.	Does your family receive all of the services listed in the plan ?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
16.	Did you discuss how to handle emergencies related to your child at the last service planning meeting ?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
17.	Have you received information about your family's rights?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Additional Comments on Information and Planning

What are you most satisfied with regarding information and planning? (Please write your answer below)

What do you feel needs the most improvement regarding information and planning? (Please write your answer below)

ACCESS & DELIVERY OF SUPPORTS		Always	Usually	Sometimes	Seldom	Never	Don't Know	Does Not Apply
18.	Are you able to contact your	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

	support workers when you need to?							
19.	Are you able to contact your case manager/service coordinator when you need to?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
20.	Are services and supports available when you need them?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
21.	Are services and supports available within a reasonable distance from your home?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
22.	Do the services and supports change when your child's needs change?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
ACCESS & DELIVERY OF SUPPORTS		Always	Usually	Sometimes	Seldom	Never	Don't Know	Does Not Apply
23.	If English is <u>not</u> your primary language, are there support workers or translators who can speak with you in your language?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
24.	If English <u>is</u> your first language, do the support workers speak to you effectively?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
25.	If your child does not communicate verbally (for example, uses gestures or sign language), are	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

	there support workers who can communicate with him/her?							
26.	Are services delivered in a way that is respectful to your family's culture?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
27.	Does your child have access to the special equipment or accommodations that s/he needs (e.g., wheelchair, ramp, communication board)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
28.	Do the support workers have the right training to meet your child's needs?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
29.	Do the support workers who come to your home arrive on time and when scheduled?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

ACCESS & DELIVERY OF SUPPORTS		Yes	No	Do Know
30.	If you asked for crisis/emergency services during the past year, were services provided when needed?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/>
31.	Do you have access to health services for your child?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/>
26a.	If Yes to Q26, are you satisfied with the quality of these providers?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/>
32.	Do you have access to dental services for your child?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/>
ACCESS & DELIVERY OF SUPPORTS		Yes	No	Do Know
27a.	If Yes to Q27, are you satisfied with the quality of these providers?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/>
33.	Are you able to get medications needed for your child?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/>

28a.	If Yes to Q28, are you satisfied with how your child's medication needs are monitored?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/>
34.	If needed, do you have access to mental health services for your child?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/>
29a.	If Yes to Q29, are you satisfied with the quality of these providers?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/>
35.	If you need respite services, do you have access to them?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/>
30a.	If Yes to Q30, are you satisfied with the quality of these providers?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/>
36.	Are there other services that your family needs that are not currently offered or available?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/>
31a.	If Yes to Q31, what services are needed (list here):			

Additional Comments on Access and Delivery of Supports

What are you most satisfied with regarding access and delivery of supports? (Please write your answer below)

What do you feel needs the most improvement regarding access and delivery of supports? (Please write your answer below)

CHOICE & CONTROL		Always	Usually	Sometimes	Seldom	Never	Don't Know	Does Not Apply
37.	Do you choose the provider agencies who work with your family?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
38.	Can you choose a different provider agency if you want to?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
39.	Do you choose the individual support workers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

	who work directly with your family?							
40.	Can you choose different support workers if you want to?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

CHOICE & CONTROL		Yes	No	Don't Know	Does Not Apply
41.	Did you choose your case manager/service coordinator ?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
42.	Do you have control and/or input over the hiring and management of your family's support workers?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
43.	Do you know how much money is spent by the ID/DD agency on behalf of your child?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
44.	Do you have a say in how this money is spent?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
39a.	If Yes to Q39, do you have all the information you need to make decisions about how to spend this money?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Additional Comments on Choice and Control

What are you most satisfied with regarding choice and control? (Please write your answer below)

What do you feel needs the most improvement regarding choice and control? (Please write your answer below)

COMMUNITY CONNECTIONS		Yes	No	Don't Know	Does Not Apply
45.	Does your child participate in community activities (such as going out to a restaurant, movie, or sporting event)?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
40a.	If Yes to Q40, then why? (check and/ or write all reasons that apply) <input type="checkbox"/> lack of transportation <input type="checkbox"/> cost <input type="checkbox"/> lack of support staff <input type="checkbox"/> negative attitudes from community members <input type="checkbox"/> other _____				

46.	Does your child spend time with children who do not have developmental disabilities?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
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Additional Comments on Community Connections

What are you most satisfied with regarding community connections? (Please write your answer below)

What do you feel needs the most improvement regarding community connections? (Please write your answer below)

SATISFACTION		Always	Usually	Sometimes	Seldom	Never	Don't Know	Does Not Apply
47.	Overall, are you satisfied with the services and supports your family currently receives?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

SATISFACTION		Yes	No	Don't Know	Does Not Apply
48.	Do you know the process for filing a complaint or grievance against provider agencies or staff?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
49.	Are you satisfied with the way complaints or grievances against provider agencies or staff are handled and resolved?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
SATISFACTION		Yes	No	Don't Know	Does Not Apply
50.	Do you know how to report abuse or neglect?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
51.	Within the past year, if abuse or neglect occurred, did you report it?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
46a.	If Yes to Q46, were the appropriate people responsive to your report?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Additional Comments on Satisfaction

What are you most satisfied with regarding service and supports? (Please write your answer below)

What do you feel needs the most improvement regarding services and supports? (Please write your answer below)

OUTCOMES		Yes	No	Don't Know	Does Not Apply
52.	Do you feel that family supports have made a positive difference in the life of your family?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
53.	Do you feel that services and supports have reduced your family's out-of-pocket expenses for your child's care?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
54.	Do you feel that family supports have improved your ability to care for your child?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
55.	Have the services or supports that your child/family received during the past year been reduced, suspended, or terminated?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
50a.	If Yes to Q50, did the reduction, suspension, or termination of these services or supports affect your family negatively?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Is there anything else you would like to discuss? (Please write your answer below)

Family Survey Feedback Sheet

Please help us improve this survey by answering the questions below:

1. How long did it take you to complete this survey?
 _____ hour(s) _____ minutes

2. Were there any questions that were difficult to understand? If yes, please list below:

Question#

Reason

3. Any other comments regarding this survey:

COMMUNITY RESOURCE LINKS (for State Agency use if desired)

Family/Guardian Survey 2012-13
Opinions of Services and Supports
for Adults with Intellectual/Developmental Disabilities and their Families in [State]

Thank you for helping us by completing the attached questionnaire. The state of [State] is collecting this information to evaluate how well the services your family receives are meeting the needs of people with intellectual/developmental disabilities and their families. Your opinions will help improve these services and supports in your state. The results of this survey will also allow us to compare family outcomes and satisfaction with similar information collected in other states.

We are fully aware that you receive many surveys and questionnaires. This is not simply another opinion poll. Your responses will help your state to evaluate the quality of its services and will help it to focus its improvement efforts in areas most lacking.

If you'd like to see previous results using information from this survey, please go to <http://www.NationalCoreIndicators.org> and click on: "Resources"→"Reports"→"Family Survey Final Reports".

INSTRUCTIONS:

Note: If there is more than one person receiving services in your family, please answer the questions about the person who is named on the address label.



For most questions, all you need to do is check the box that applies to you. All responses will remain confidential (meaning the case manager, providers, support workers, etc. will NOT know how you responded to these questions). Your answers will not negatively affect the specific services and supports you and your family member are receiving. If you come to a question that you feel uncomfortable answering, skip it. However, for us to get complete information, it is very important that you try to answer each question as accurately as you can.



When you have completed the questionnaire:

Please return it to us in the enclosed pre-addressed and pre-stamped envelope. Please try to return the survey as soon as possible.



If you would like to receive help reading or understanding this survey, or if you need an interpreter, please call: [name & phone]

Again, Thank You!

Part 1: INFORMATION ABOUT YOUR FAMILY

Please answer the following questions about your family member with a disability.

rr.) Does this person live at home with you?

- ☐ 1. Yes ☐ 2. No

Note: If you answered "yes" to the question above, please stop here and return the survey.

ss.) Where does this person live?

- ☐ 1. Specialized facility for persons with an Intellectual Disability (mental retardation)
- ☐ 2. Group home
- ☐ 3. Agency-owned apartment
- ☐ 4. Independent home or apartment
- ☐ 5. Adult foster care/host family home
- ☐ 6. Nursing home
- ☐ 7. Other

tt.) How old is your family member with a disability? _____ years

uu.) What is the gender of this person?

- ☐ 1. Male ☐ 2. Female

vv.) Has this person been diagnosed with any disabilities listed below?
(check all that apply)

- ☐ 1. Intellectual disability (mental retardation)
- ☐ 2. Mental illness/Psychiatric diagnosis (e.g. depression)
- ☐ 3. Autism spectrum disorder (e.g., autism, asperger syndrome, pervasive developmental disorder)
- ☐ 4. Cerebral palsy
- ☐ 5. Brain injury
- ☐ 6. Seizure disorder/Neurological problem
- ☐ 7. Chemical dependency
- ☐ 8. Limited or No Vision- Legally Blind
- ☐ 9. Hearing loss- Severe or Profound
- ☐ 10. Alzheimer's disease or other dementia
- ☐ 11. Down syndrome

- ☐ 12. Prader-Willi syndrome
- ☐ 13. Other disabilities not listed
- ☐ 14. Don't know

ww.) What is this person's race?
(check all that apply)

- ☐ 1. American Indian or Alaska Native
- ☐ 2. Asian
- ☐ 3. Black or African-American
- ☐ 4. Native Hawaiian or Other Pacific Islander
- ☐ 5. White
- ☐ 6. Other/Unknown
- ☐ 7. Mixed (Two or More Races)
- ☐ 8. Hispanic or Latino

xx.) What is this persons' primary means of expression? (check only one response)

- ☐ 1. Spoken
- ☐ 2. Gestures/Body Language
- ☐ 3. Sign Language/Finger Spelling
- ☐ 4. Communication Aid/Device
- ☐ 5. Other

yy.) What is this person's primary language?

- ☐ 1. English
- ☐ 2. Spanish
- ☐ 3. Other

zz.) What is this person's highest education level?

- ☐ 1. Does not have High School Diploma/GED
- ☐ 2. High School Diploma/GED
- ☐ 3. Vocational School
- ☐ 4. Some College
- ☐ 5. College Degree

aaa.)

What does this person typically do during the

day? CHECK ALL THAT APPLY

- ☐ 1. Out of Home Day Program- family member is unpaid
- ☐ 2. Out of Home Day Program- family member is paid
- ☐ 3. Vocational Training
- ☐ 4. Community Employment- family member is unpaid (e.g., volunteer work)
- ☐ 5. Community Employment- family member is paid
- ☐ 6. In-home Day Supports

- ☐ 7. At home- by choice
- ☐ 8. At home- no services
- ☐ 9. At home- other
- ☐ 10. Other

bbb.) **How often does this person require medical care by a trained medical provider (e.g., nurse or physician)?**

- ☐ 1. Less frequently than once/month
- ☐ 2. At least once/month, but not once/week
- ☐ 3. At least once/week, or more frequently

ccc.) **Does this person need support to manage any of the following behaviors: self-injurious behavior, disruptive behavior, destructive behavior?**

- ☐ 1. No support needed
- ☐ 2. Some support needed
- ☐ 3. Extensive support needed

ddd.) **About how much help does this person need with daily activities (such as bathing, dressing, eating)? (check one)**

- ☐ 1. None
- ☐ 2. Little
- ☐ 3. Moderate
- ☐ 4. Complete

Please answer the following questions about yourself.

eee.) **What is your age?**

- ☐ 1. Under 35
- ☐ 2. 35 – 54
- ☐ 3. 55 – 74
- ☐ 4. 75 or Older

fff.) How are you related to this person?

- ☐ 1. Parent (biological, adoptive, or foster)
- ☐ 2. Sibling
- ☐ 3. Spouse
- ☐ 4. Other (please describe)_____

ggg.) **Are you a legal guardian (e.g., you have been appointed by the court) or conservator for this person?**

- ☐ 1. Yes, full guardianship/conservatorship
- ☐ 2. Yes, limited guardianship/conservatorship
- ☐ 3. No

hhh.) **Typically, how often do you see this person each year? (check one)**

- ☐ 1. Less than once
- ☐ 2. 1 to 3 times
- ☐ 3. 4 to 6 times
- ☐ 4. 7 to 12 times
- ☐ 5. More than 12 times

iii.) What is your highest education level?

- ☐ 1. Does not have High School Diploma/GED
- ☐ 2. High School Diploma/GED
- ☐ 3. Vocational School
- ☐ 4. Some College
- ☐ 5. College Degree

**jjj.) What was the total taxable income last year of the wage earner(s) in your household?
(check one)**

- ☐ 1. Below \$15,000
- ☐ 2. \$15,001- \$25,000
- ☐ 3. \$25,001- \$50,000
- ☐ 4. \$50,001- \$75,000
- ☐ 5. Over \$75,000

**kkk.) Approximately how much out-of-pocket money did you spend last year on this person's
medical services, equipment, supplies, therapies, and other supports/services?**

- ☐ 1. Nothing
- ☐ 2. \$1- \$100
- ☐ 3. \$101- \$1,000
- ☐ 4. \$1,001- \$10,000
- ☐ 5. Over \$10,000

III.) What County do you currently live in (do not write in Country- "USA")?

SERVICES AND SUPPORTS RECEIVED

Please check whether your family member with an intellectual/developmental disability is currently receiving any of the services or supports from ID/DD agency described below.

	YES	NO	DON'T KNOW
xiii. Residential Supports -- your family member with an intellectual/developmental disability receives care and support in a residence outside of your home.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
xiv. Day/Employment Supports -- your family member with an intellectual/developmental disability attends a day program, workshop, or receives vocational supports such as job training or job coaching at a job in the community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
xv. Transportation -- someone arranges or provides for transportation for your family member with an intellectual/developmental disability to go to a day program, work, medical appointments, etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
xvi. Other Services/Supports -- your family member with a disability receives mental/behavioral health care and/or other treatments or therapies (such as physical therapy, occupational therapy, speech, or recreational therapy).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Additional Services Question (non ID/DD Agency Services):

Social Security Benefits -- your family/family member receives SSI payments, survivor benefits, etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
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Part 2: QUESTIONS ABOUT SERVICES AND SUPPORTS

Please answer the following questions about services and supports provided to your family member by the **ID/DD Agency**. Check one response for each question. If a question does not apply, please check the last column (Does Not Apply).

INFORMATION & PLANNING		Always	Usually	Sometimes	Seldom	Never	Don't Know	Does Not Apply
56.	Do you get enough information to help you participate in planning services for your family member?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
57.	Is the information you receive easy to understand?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
58.	Are you kept informed about how your family member is doing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

INFORMATION & PLANNING		Yes	No	Don't Know	Does Not Apply
59.	Does your family member have a service plan ?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<i>If "No" to Question 4, skip to Question 11.</i>					
60.	Did your family member help develop the plan ?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
61.	Did you or another family member help develop the plan ?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
62.	Does the plan include all the services and supports your family member wants?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
63.	Does the plan include all the services and supports your family member needs?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
64.	Does your family member receive all of the services listed in the plan ?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

65.	Did you discuss how to handle emergencies related to your family member at the last service planning meeting?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
66.	Have you or your family member received information about his/her rights?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Additional Comments on Information and Planning

What are you most satisfied with regarding information and planning? (Please write your answer below)

What do you feel needs the most improvement regarding information and planning? (Please write your answer below)

ACCESS & DELIVERY OF SUPPORTS		Always	Usually	Sometimes	Seldom	Never	Don't Know	Does Not Apply
67.	Are you able to contact your family member's support workers when you need to?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
68.	Are you able to contact your family member's case manager/service coordinator when you need to?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
69.	Are services and supports available within a reasonable distance from your family member's home?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
70.	Do the services and supports change when your family member's needs change?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
71.	If your family member does not communicate verbally (for example, uses gestures or sign language), are there support	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

	workers who can communicate with him/her?							
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ACCESS & DELIVERY OF SUPPORTS		Always	Usually	Sometimes	Seldom	Never	Don't Know	Does Not Apply
72.	If English is <u>is</u> your family member's first language, do the support workers speak to him/her effectively?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
73.	If English is <u>not</u> your family member's first language, are there support workers or translators who can speak with him/her in the preferred language?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
74.	Are services delivered in a way that is respectful to your family member's culture?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
75.	Does your family member have access to the special equipment or accommodations that he/she needs (for example, wheelchairs, ramps, communication boards)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
76.	Do the support workers have the right training to meet your family member's needs?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
77.	Do you feel that your family member's residential setting is a healthy and safe environment?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
78.	Do you feel that your family member's day/ employment setting is a healthy and safe environment?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

ACCESS & DELIVERY OF SUPPORTS		Yes	No	Don't Know	Does Not Apply
79.	If your family member transitioned from school services to State funded services during the past year, were you happy with the transition process?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Additional Comments on Access and Delivery of Supports

What are you most satisfied with regarding access and delivery of supports? (Please write your answer below)

What do you feel needs the most improvement regarding access and delivery of supports? (Please write your answer below)

CHOICE & CONTROL		Alwa ys	Usual ly	Sometim es	Seldo m	Nev er	Don' t Kno w	Does Not Apply
80.	Does the agency providing residential services to your family member involve him/ her in important decisions?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
81.	Does your family member choose the provider agencies that work with him or her?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
82.	Can your family member choose a different provider agency if s/he wants to?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
83.	Does your family member choose the individual support workers who work directly with him/her?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

84.	Can your family member choose different support workers if s/he wants to?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
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CHOICE & CONTROL		Yes	No	Don't Know	Does Not Apply
85.	Did your family member choose his/her case manager/service coordinator ?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
86.	Does your family member have control and/or input over the hiring and management of his/her support workers?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
87.	Does your family member know how much money is spent by the ID/DD agency on his/her behalf?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
88.	Does your family member have a say in how this money is spent?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
33a.	If Yes to Q33 , does your family member have all the information s/he needs to make decisions about how to spend this money?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Additional Comments on Choice and Control

What are you most satisfied with regarding choice and control? (Please write your answer below)

What do you feel needs the most improvement regarding choice and control? (Please write your answer below)

COMMUNITY CONNECTIONS		Yes	No	Don't Know	Does Not Apply
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89.	Does your family member participate in community activities (such as going out to a restaurant, movie, or sporting event)?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
34a.	If No to Q34, why? (check and/ or write all reasons that apply) <input type="checkbox"/> lack of transportation <input type="checkbox"/> cost <input type="checkbox"/> lack of support staff <input type="checkbox"/> negative attitudes from community members <input type="checkbox"/> other_____				
COMMUNITY CONNECTIONS		Yes	No	Don't Know	Does Not Apply
90.	Does your family member have friends or relationships with persons other than paid staff or family?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
91.	Does your family member have enough support (e.g., support workers, community resources) to work or volunteer in the community?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Additional Comments on Community Connections

What are you most satisfied with regarding community connections? (Please write your answer below)

What do you feel needs the most improvement regarding community connections? (Please write your answer below)

SATISFACTION		Always	Usually	Sometimes	Seldom	Never	Don't Know	Does Not Apply
92.	Overall, are you satisfied with the services and supports your family member currently receives?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

SATISFACTION				Yes	No	Don't Know	Does Not Apply
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93.	Do you know the process for filing a complaint or grievance against provider agencies or staff?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
94.	Are you satisfied with the way complaints or grievances against provider agencies or staff are handled and resolved?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
95.	Do you know how to report abuse or neglect?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
96.	Within the past year, if abuse or neglect occurred, did you report it?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
SATISFACTION		Yes	No	Don't Know	Does Not Apply
41a.	If Yes to Q41, were the appropriate people responsive to your report?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Additional Comments on Satisfaction

What are you most satisfied with regarding service and supports? (Please write your answer below)

What do you feel needs the most improvement regarding services and supports? (Please write your answer below)

OUTCOMES		Yes	No	Don't Know	Does Not Apply
97.	Do you feel that services and supports have made a positive difference in the life of your family member?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
98.	Do you feel that services and supports have reduced your family's out-of-pocket expenses for your family member's care?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

44.	Have the services or supports that your family member received during the past year been reduced, suspended, or terminated?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
44a.	If Yes to Q44 , did the reduction, suspension, or termination of these services or supports affect your family member negatively?	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Is there anything else you would like to discuss? (Please write your answer below)

Family Survey Feedback Sheet

Please help us improve this survey by answering the questions below:

1. How long did it take you to complete this survey?

_____ hour(s) _____ minutes

2. Were there any questions that were difficult to understand? If yes, please list below:

Question#

Reason

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. Any other comments regarding this survey:

COMMUNITY RESOURCE LINKS (for state agency use if desired)

ATTACHMENT S – OHCQ COMPLAINT REPORT FORM

MARYLAND
Department of Health and Mental Hygiene
Office of Health Care Quality

Spring Grove Center • Bland Bryant Bldg. • 55 Wade Avenue • Catonsville, MD 21228 • 410-402-8015

COMPLAINT REPORT FORM

Complete this form if you have concerns about the health care or treatment that you or a family member received or did not receive. Answer all questions. Give complete details. Use additional sheet, if necessary. You may use this form as a guide when making a complaint by telephone. We will investigate your concerns based on the information that you provide.

You may file an anonymous complaint

Complete the following questions.

I. Name of patient/resident/client involved in the incident: _____

Sex: ☐ Male ☐ Female **Age:** _____

II. Health care facility, residence, or community treatment program involved in the incident:

Name: _____

Address: _____

Check the type of facility or program: ☐ Nursing home ☐ Adult medical day care ☐ Assisted living ☐ Hospital
☐ Home health agency ☐ Residential treatment center ☐ Community mental health program ☐ Hospice ☐ Dialysis
Center ☐ HMO ☐ Ambulatory surgery center ☐ Residential services agency ☐ Birthing center ☐ Medical
laboratory ☐ Community drug treatment program ☐ Developmental disabilities provider ☐ Other. Please specify

III. Witnesses to the incident:

Name

Contact information, if known (include telephone number)

IV. Person filing complaint or reporting incident (optional). Note: If you would like a deficiency report that may result from our investigation, please complete this section.

Name: _____ **Relationship:** _____

Address: _____

Telephone: _____

May we reveal your identity during the investigation of your complaint? ☐ Yes ☐ No

V. Briefly describe the incident or your concerns (use additional paper if necessary):

Include dates and times, persons involved, and description of what happened. Include attachments, if appropriate.

Note: If this is an anonymous report, be complete since we will not be able to contact you to obtain missing information.

VI. Have you reported this incident or concern to the person in charge of the facility, residence or program?

☐ Yes ☐ No

Address written complaints to the appropriate licensing unit (listed below) and mail to:

Office of Health Care Quality
Spring Grove Hospital Center
Bland Bryant Building
55 Wade Avenue
Catonsville, Maryland 21228

Or submit your complaint to the appropriate OHCQ licensing unit phone:

Nursing homes- (410) 402-8108 Toll-free 877-402-8219
Hospitals- (410) 402-8000 Toll-free 877-402-8218
Health maintenance organizations- (410) 402-8000 Toll-free 877-402-8218
Developmental disabilities programs- (410) 402-8094 Toll-free 877-402-8220
Assisted living homes- (410) 402-8217 Toll-free 877-402-8221
Clinical laboratories- (410) 402-8025 Toll-free 877-402-8202
Home health agencies, hospice programs, residential service agencies, kidney dialysis centers-
(410) 402-8040 Toll-free 800-492-6005
Adult day care- (410) 402-8201 Toll-free 877-402-8219
Substance abuse treatment programs- (410) 402-8095 (410) 402-8052 Toll-free 877-402-8218
Community Mental Health Unit- (410) 402-8060 Toll-free 877-402-8220

4/2008